(6.)

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Reader's Guide

Twice a year the nine provincial nurses' associations are asked to take stock of their various accomplishments and report them to the Executive Committee of the C.N.A. These segments of history of nursing in the making are summarized under the **Notes from National Office.** They present a picture of continuing growth and activity, well worth your consideration.

Almost every periodical has had articles or pictures showing what is being accomplished in the rehabilitation of those veterans whose war injuries resulted in paralysis. We are very pleased to be able to present an interesting series on this topic. The first article is by **Dr. Gustave Gingras,** who is in charge of the Paraplegic Centre at Ste. Anne's D.V.A. Hospital in the Province of Quebec. **Dr. Paul Green** spoke on this topic to the nurses in Manitoba where he was in charge of the paraplegic ward of Deer Lodge Hospital. Rounding out this series, **D. George Petrie** gives the personal slant to the material which the doctors have presented. As soon as he was able, Mr. Petrie returned to the studies at McGill University which had been interrupted by the war. Perhaps the most valuable lesson which any of us can draw from this series is the thought that we should refuse to think of these people as invalids; that we can render them the greatest service if we treat them like human beings instead of like fragile pieces of Dresden china; that we help them in their gallant return to civilian life by observing the golden rule —"do as you would be done by."

From time to time we read of new discoveries in relation to cancer. A never-ending search for the cause is being prosecuted by the world's keenest scientists. Well in the van of this group are the pathologists in our hospitals who scrutinize each specimen with meticulous care. We are indebted to the Canadian Cancer Society, Toronto, for the excellent description of the role of pathology in cancer control written by **Dr. John E. Kurtz.**

In the final article in the excellent series on nutrition which has been reaching you for the past few months, **Mrs. H. Ruth Crawford** gives us some very practical suggestions on the planning and preparation of meals. This information will help the public health nurse to advise the families wisely during her visits to the homes. It will be useful also to the nurse in hospital who is counselling her patients regarding the importance of good, nutritious meals.

Pearl Stiver makes an appeal for greater understanding of sufferers from the venereal diseases. Miss Stiver is supervisor of nurses in the Division of Venereal Disease Control of the Ontario Department of Health.

Noreen D. Lambert of Prince Albert, Sask., has given us a broad picture of the techniques employed in the introduction of new staff in a large hospital. Perhaps some of the current unrest could be eliminated if nurses were quickly made to feel at home in a strange hospital.

How are you doing? The May issue of the *Journal* was sent out to subscribers in each province in the following quantities: Alberta, 847; British Columbia, 1,187; Manitoba, 411; New Brunswick, 577; Nova Scotia, 542; Ontario, 3,388; Prince Edward Island, 110; Quebec, 1,066; Saskatchewan, 595.

Preview

The nursing care of urologic patients presents many problems. Considerable emphasis has been placed on the necessary preoperative care but in the opinion of **Dr. Charles A. Cawker,** of Vancouver, the post-operative care of these patients has not been as well emphasized to date. He has prepared a detailed account of the specific care for various types of urologic conditions. This article will be featured next month. As a companion article, the special features of nursing care requested for post-operative cases of prostatism will be discussed by **Evelyn Myers** of Saint John. Thus west and east unite to present an important topic.

(6)

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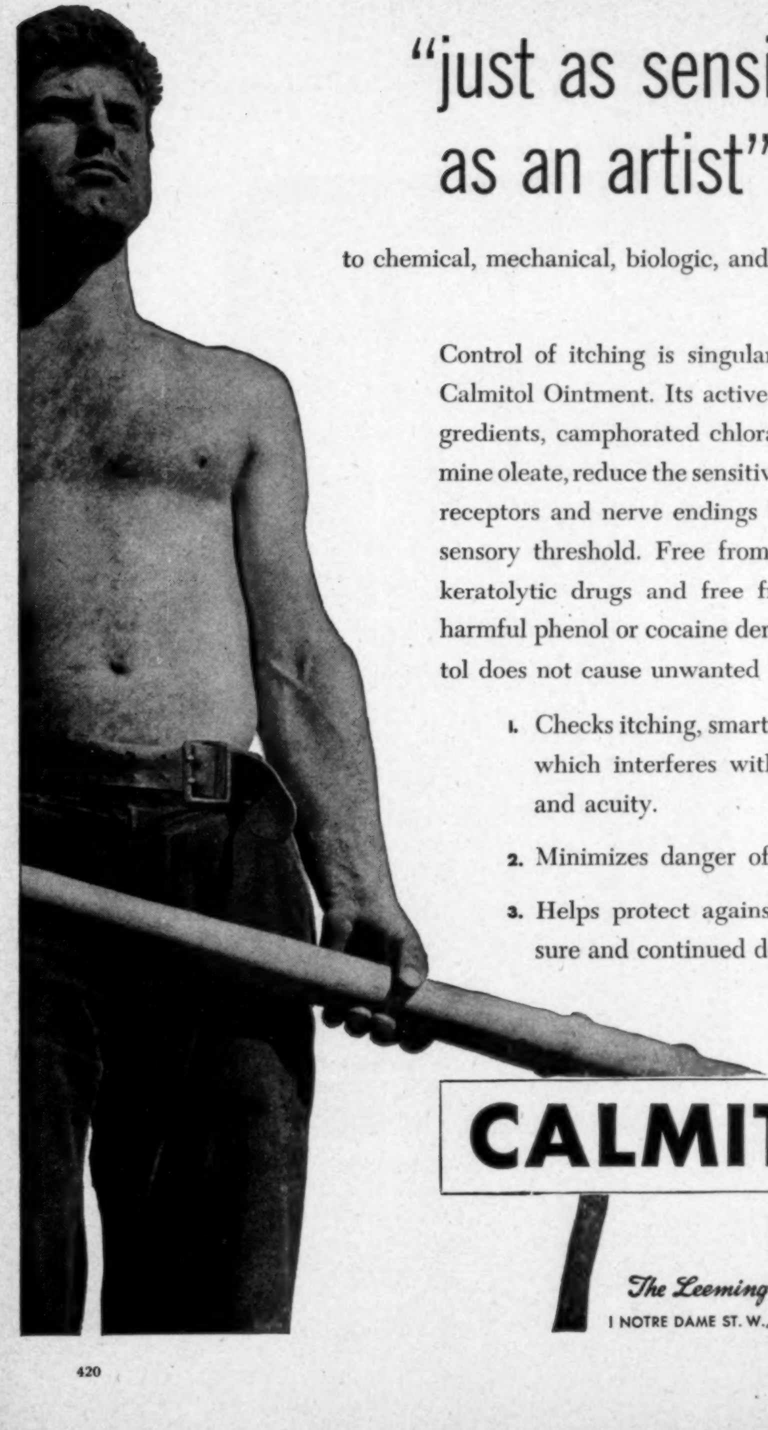

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References:

1. J.A.M.A., 128:490, 1945.
2. West. J. Surg. Obst. & Gyn., 51:150, 1943.
3. Am. J. Obst. & Gyn., 48:510, 1944.
4. Clin. Med. & Surg., 46:327, 1939.

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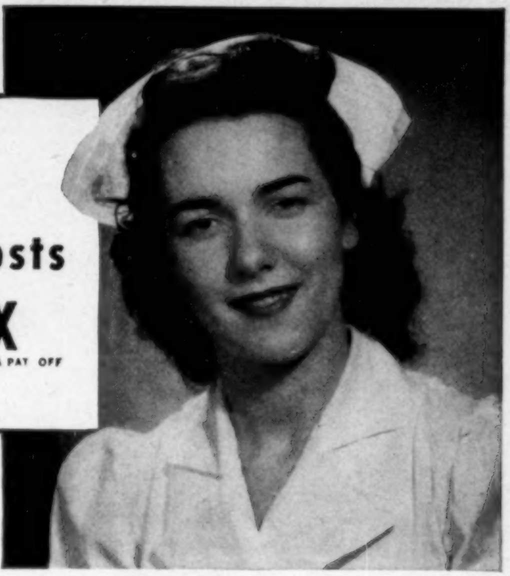

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A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES ASSOCIATION

VOLUME FORTY-THREE *NUMBER SIX*

MONTREAL, JUNE, 1947

I Am a Canadian

On July 1, 1947, Canada celebrates the eightieth anniversary of the notable event, Confederation, which linked all of the broad stretches of our land into one Dominion. During these eight decades there have been marked changes in the character of our industrial life and in the expansion of our worldwide commerce. There have been great advances in the cultural life of our people. Education on levels all the way from kindergarten to post-graduate university work is available free or at nominal costs. Music, art, drama flourish in our midst. Scientific research, medical practice, the care of the sick and the well have raised our standards of service to enviable heights. Now, with the coming into effect of the Canadian Citizenship Act on January 1 of this year, we proudly look forward to the eightieth celebration of Dominion Day and pledge our love and loyalty as Canadians. French-Canadians or English-Canadians, Finnish, Icelandic or Polish; whatever our racial origin may have been is of less import than the fact that we are all Canadians, pure and simple.

The fact that the law has been passed, that for all purposes, at all times and in all places we may call ourselves Canadians, does not of itself make us any better or truer citizens. There are points of deeper significance which we might pause and consider at this time. Dr. Norman MacKenzie, president of the University of British Columbia, has expressed some of these feelings most adequately:

"It is true that simply by calling ourselves Canadians we will not automatically become better citizens of Canada, but the realization of what full citizenship means should impress upon us that becoming Canadians is more than an honor and privilege. The new Oath of Allegiance itself implies a sense of responsibility and service to our country. The Oath concludes with the statement that 'I will faithfully observe the laws of Canada and fulfil my duties as a Canadian citizen so help me God.' The more we put into our sense of citizenship, the more we are likely to get from it. Another point is the matter of Canadian unity. Canada is a large and sparsely populated country and within our boundaries are represented a great number of different racial origins. For these reasons there is lacking in our country a sense of unity and cohesion. There are still many differences between groups of people which must be broken down. The barriers between French- and English-speaking Canadians is only one of these. The Canadian Citizenship Act is another step towards the solution of this problem, and in this respect it is significant. It should help to give us all a sense of pride in Canada and common identity, and common patriotism,

"Finally, there is a point which is sometimes overlooked. In passing the Canadian Citizenship Act no attempt is being made to whitewash us all with the same brush, as it were. The Government has no desire to destroy completely the ties which unite new residents of Canada with the country of their origin, nor to minimize the contribution which naturalized Canadians can make to our country by bringing with them the richness of their varied cultures. I will always be proud of the fact my ancestors were Scottish, just as a Canadian from Ireland, France, or Norway will always be proud of the customs, culture, and tradition of their own or their parents' homeland. We will, and should, however, be even prouder that we are Canadians. The very fact that Canada represents a cross-section of all peoples of the world should bring a deeper significance to the granting of citizenship.

"Of course, it is quite true that if our citizenship, our sense of nationalism, were ignorant or selfish it could be dangerous. It should be an intelligent form of citizenship. We can be proud of the achievements of Canada as a nation but we must at the same time be fully aware of the contribution which Canada can and must make to the world generally. Our contribution to world government should increase with our growing strength and importance. In this way, a sense of Canadian citizenship can have a very positive value. The fact that one is a member of a family does not make one a poorer citizen in the community. The more one realizes one's responsibilities as a member of a family group the better community citizen one becomes. And on national and international scale, the better Canadian or Englishman one is, the better world citizen one becomes. Every citizen must have a base from which to start. Citizenship begins in the home and goes from there to the community, the country, and then to the world as a whole. Nationalism, considered in this way, is not a barrier to international brotherhood — it is an essential prerequisite for it. And no matter what type of world citizenship may eventually be evolved, our experience and training as good Canadians will stand us in good stead."

Coming Events

Manitoba Association of Registered Murses

Event: Instructors' Workshop.

Date: June 17-20, inclusive, 9:30 to 12:00 a.m., 2:00 to 4:30 p.m.

Place: Nurses' classroom, Misericordia Hospital, Winnipeg.

Group: All instructors in schools of nursing in Manitoba.

Special Comment: The purpose of this annual workshop is to revise and set up course outlines for the courses tested in the Qualifying and Registration Examinations. This June the committee proposes to set up course outlines for courses tested on the Registration Examinations.

The Paraplegic Patient

G. GINGRAS, M.D.

PARAPLEGIA is paralysis of the lower extremities, or of the lower part of the body. The term quadriplegia is applied in cases of high spinal cord lesion in which the use of all four extremities is impaired. Depending upon the extent of nervous tissue destruction the paraplegia is not always complete and may be divided into three types:

1. Complete motor paralysis.
2. Some motor power, but inability to walk.
3. Ability to walk with varying amounts of difficulty.

The etiology of paraplegia is either trauma or disease. Common traumatic causes include: gun-shot wound of the spine, fracture of a vertebral body with compression, fracture-dislocation of the vertebral bodies, concussion, and occasionally an acute herniation of an intervertebral disc. On the other hand, tumors, abscesses within the spinal canal, and other diseases of nervous tissue, such as poliomyelitis and disseminated sclerosis, may cause paraplegia.

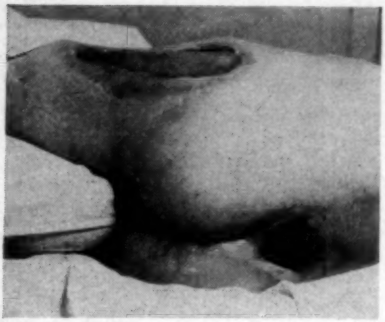
Up to now, efforts have been concentrated on the traumatic paraplegics, or quadriplegics, since they offer the best chance for successful rehabilitation, their condition being stable rather than slowly progressive as in the case with most of the non-traumatic spinal diseases.

Following transection of the spinal cord there is an immediate motor paralysis and loss of sensation below the level of the lesion. The bladder and bowels become paralytic. There will be an acute urinary retention unless suprapubic cystotomy or urethral catheterization is performed.

Until recently it has been impossible to prevent chronic urinary infection accompanied by elevated temperature, general malaise, gastric disturbances, and loss of appetite. This occurs especially during the first few months following the injury, but may manifest itself with acute onset any time after the initial paralysis. Before the discovery of sulfa drugs, and, more recently, penicillin, most paraplegics succumbed to the overwhelming effects of urinary infections in spite of surgical and nursing care. At the present time, however, these cases are transferred to appropriate centres where they are treated by chemotherapy in conjunction with mechanical methods of warding off infection. If a catheter has been inserted, the bladder is irrigated at four-hour intervals to prevent the accumulation of heavy sediment and the subsequent formation of stones. An acid solution is used, preferably "M" or "G" solution.

The necessity for a permanent, specifically trained, competent group to staff a Paraplegic Centre cannot be over-stressed. Paraplegics must be hospitalized for lengthy periods, and a sympathetic, understanding staff is a prerequisite in gaining the confidence and co-operation so important in maintaining the patients' morale. Beside the physician-in-charge and a group of specialists who may be called upon in consultation,

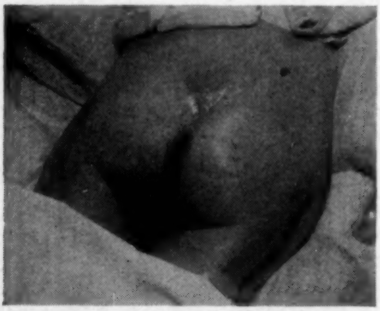
Complete cauda equina lesion walking with full-length braces and crutches.



Patient with 3 large pressure sores, 2 on greater trochanters and one on sacral region before lying on abdomen only.

the staff consists of a head nurse and her assistants — nurses and orderlies — of whom at least two are trained in the treatment of pressure sores, dressing technique, and the management of the different types of apparatus used in the Centre, such as tidal and continuous irrigators, care of irrigation sets, and use of cystometer. They should be familiar with such neurosurgical work as lumbar punctures and manometric tests. Also there are physiotherapists, occupational therapists, an educational officer, a casualty rehabilitation officer, medical-social workers, and physical training instructors.

Representatives of these various departments form a Rehabilitation Board which meets at regular intervals to discuss treatment, rehabilitation, individual cases, and general problems arising in the Centre.



Same patient after remaining on his abdomen for 4 months. He is now ready for plastic procedures. Note the space between the pillows to protect the iliac crests.

The nurses of the Armed Forces who looked after the cases of spinal injury merit a great deal of credit because nursing care, in the early stage, is one of the most important factors in the survival of these cases. A nurse, or anyone who accepts work with such cases, should know in advance that she is not only expected to carry on with the ordinary treatment of the sick, but must also make a conscious effort to cheer the patient and help keep up her or his morale by her attitude and good spirit. If good physical rehabilitation is expected, the patient's state of mind cannot be neglected without disappointing results. There must exist harmony and confidence between the nurse and patient, and when attending various social functions it is expected that one of the nursing staff will accompany him, just as she must share in the social activities of the ward.

Paraplegics are extremely susceptible to pressure sores but, with proper nursing care and training of the patient, they can almost always be prevented. Many pressure sores were found in veteran paraplegics and in certain cases of civilian paraplegics admitted to this Centre. Up to now, no local treatment has proved satisfactory and recently many of these sores were closed by turning large plastic flaps. It has been established that if the patient is turned every two hours and the pressure points, of which the most important are the sacral region, the iliac crests, greater trochanters, and heels, are protected, no pressure sores will occur. If the patient is lying on his back or on his side, precaution should be taken that there is no friction between the knees or the malleoli.

To prevent decubitus ulcers, or to hasten their healing, most of the paraplegics remain on the abdomen for long periods, are rubbed with alcohol every two hours, and their pillows "plumped." Since some of the patients have suprapubic catheters, pillows are placed under the abdomen and thighs, leaving a space for the tubing and also keeping the iliac crests free from pressure. Of course, the patient must be carefully watched at all times to see that the bed and skin are perfectly dry and that the linen is free of foreign objects, wrinkles, etc.

The movement of turning the patient from side to side not only prevents the formation of decubitus ulcers but also helps greatly in draining the urinary tract. One must remember that bedridden patients, especially paraplegics, are likely to develop kidney and bladder stones. Recently, the Sanders Vasoscillating bed has been recommended and used in some of the paraplegic centres. Not only is kidney and bladder content moved by the rotation from side to side but also it is directed down the ureters by the tilting of the bed on a transverse axis, like a see-saw.

Depending upon the type of bladder, paraplegic cases are submitted to different methods of bladder irrigation. The automatic bladder, which empties by reflex at regular intervals, has the tidal irrigation. The bladder is filled with an antiseptic solution and when the desired intra-vesical pressure is reached, the fluid is siphoned off, thus submitting the bladder to passive expansion and contraction alternately. Others with large atonic bladders will be treated with the continuous irrigation. The catheter used in these cases is a Foley two-way catheter. The antiseptic solution enters through one branch, washes the bladder, and runs out through the other branch. As soon as the bladder infection has cleared, the catheter is removed. Patients with automatic bladders are trained to void at regular intervals and wear a rubber urinal to which is attached a reservoir for the collection of the urine. If the bladder is of the large atonic type, they are taught to urinate by applying manual pressure to the abdomen. These arrangements permit the patient to attend various functions, or go for drives, and still manage to be in a position to attend to his needs at the stated time and not have to worry and fret lest there be an "accident."

REHABILITATION

Rehabilitation of paraplegics should begin immediately, or as soon as possible after the injury. This is why medical authorities are so keen on having them transferred to specialized centres at the earliest possible date. Physiotherapy, consisting of massage to the paralyzed, or partially paralyzed muscles, and passive movements of the joints of the lower extremities, must begin at once. Special precautions are taken to prevent flexion deformity of the toes and feet by the use of night splints and foot boards. Simultaneously, the patients are instructed in special exercises designed to develop the muscles of the upper extremity to prepare them for the extra work they must now do.

As soon as the general condition of the patient is satisfactory enough to permit it, and there are no com-

A wheel-chair patient is able to participate in sports and recreation. Note the detachable arms of wheel-chair, which permits free movement of arm.

plications, he is allowed to do mat-work, consisting of special breathing exercises, weight-lifting, crawling, getting from wheel-chair to mat and from mat to wheel-chair, etc. When the patient is permitted to leave the bed he is taught how to get from bed to wheel-chair and vice versa, how to get on and off the toilet, in and out of the bathtub, shave himself and attend to all the daily necessities of life, independently. When the patient has the ability to perform all of these tasks, and it is felt that his upper extremities are strong enough, he will be permitted to stand up in the walker and later between the parallel bars with knee and ankle articulations immobilized. In the meantime, measurements for crutches and braces are taken. The braces are steel bars on either side of the legs which correct the footdrop and are made to bend at the knees when necessary, as when the patient wants to sit down. Depending upon the height of the lesion, there will be a leather belt uniting the upper ends of these braces, at the waist, and, if necessary, as it is in a few cases, a thoracic corset. Now the patient is fitted with braces and, providing that they fit correctly, he is allowed to do standing and balancing exercises. When the fear of falling is overcome, he is taught one of the numerous methods of walking with crutches and braces. The three most popular methods are the "swing to," "swing through," and the "four-point." They are taught how to deal with obstacles which are taken for granted by the ordinary man, such as curb-stones, stairs, slopes, getting in and out of a car, etc. These feats are always hazards for them to conquer.

This is only one part of the rehabilitation of paraplegics. While doing all of these exercises and building up the salvaged muscles, members of the staff are investigating the possibilities of a job for these people, governed by their individual capability and previous education. Diversional and academic courses are given concurrently so that the patient is completely rehabilitated.

Rehabilitation cannot be forced upon anyone. With paraplegics, particularly, it takes a considerable amount of will power and fortitude to reach a point where one can leave the hospital and return to everyday life. Doctors and nurses in attendance can help to achieve good results but the largest part in the rehabilitation program is to be played by the individual patient.

Bibliography

1. Botterell, E. H., O.B.E., M.D., M.S., F.R.C.S. (C) and A. T. Jousse, M.D., Carl Aberhart, M.D., M.S., J. W. Cluff, M.D. Paraplegia Following War. *Canadian Medical Association Journal*, 55, 1946. pp. 249-259.

2. Deaver, George G., M.D., Medical Director, Institute for the Crippled and Disabled, New York City, and Mary Eleanor Brown, M.A., Physical Therapy Technician, Institute for the Crippled and Disabled, New York City. The Challenge of Crutches. *Archives of Physical Medicine*, Sept. 1945.

3. Deaver, George G., M.D., and Mary Eleanor Brown, M.A., Institute for the Crippled and Disabled, New York City. Physical Demands of Daily Life.

4. Veterans Administration, Medical Rehabilitation Division, Department of Medicine and Surgery. What's My Score? *V.A. Pamphlet*, 10-10.

White Shadows in Coal

Coal is not usually associated with beauty. Yet, the x-ray discloses striking patterns in that essential product. Millions of years ago in the morning of time, strange vegetation flourished in a world of stranger creatures. It was then that the woody parts of plants, the leaves, bark, spores and resin, sank into the earth, and, after the pressure of ages beyond count, solidified and made the white shadows in black coal which, beneath the inquisitive eye of the rays, tell of the contribution they made to the black diamonds of industry. Geologists can read the story the radiographs relate, and tell interesting things about the coal's quality. And even the layman is surprised and impressed when he sees the delicate, lacy designs, the gem-like blebs of pyrite, that bedizen common coal beneath the rays.

— *C-I-L Oval*

Rehabilitation of the Paraplegic Veteran

Paul Green, M.D.

Not so long ago an article with this title would have had a hollow ring, as few paraplegics lived long enough to be rehabilitated. Indeed as late as 1940, Elseberg, in his textbook, said: "The patient with a complete transverse lesion of the cord, if he lives for any length of time, is fully incapacitated for work for the remainder of his life." We now know that such a gloomy outlook is unnecessarily pessimistic. Paraplegics can live a normal span and can lead a useful, happy, and active life.

When he is first injured, a paraplegic lies, as it were, on a quagmire, and any weakening of his supports will permit him to slip deeply in, so that extrication may be very difficult, if not impossible. How he is protected from such weakening effects as infection can produce, and is gradually brought back to firm ground again, is not to be considered here. It requires the combined efforts of the urologist, neurosurgeon and physician to accomplish this, but none can deny that patient and skilful nursing deserves the greatest share of credit for what has been done.

Our experience has been gathered from a group of thirty-eight paraplegics who sustained their injury during the late conflict. Let us consider one of these men, after he is restored to the state where he has no bed sores, no urinary tract infection, no flexor spasms, and has developed automatic bowel and bladder functions. He is lying in bed and has no "feeling" below his waist, nor can he move either lower limb. He can be up in a wheel-chair. That is an easy first step, and a very important one, as it enables this man to make social contact with the outside world.

It must not be thought that during those long months when he was lying in bed nothing constructive was being done. A subtle reconditioning has been taking place — he has been developing the muscles of his upper extremities by means of a bar over his head, fastened onto his bed. He has been having massage and muscle re-education from the physiotherapy department. He has been receiving lectures on how he must look after himself. Above all, he has been under considerate and affectionate nursing care, which has built up his morale to the point where he is willing to look ahead and plan for the future. There is no point in trying to get a patient up, if he has nothing to get up for.

Once he is up, rapid progress towards the future is possible. The first objective is to learn to walk. For this he must develop powerful arm muscles by exercising on mats and bars, and once again the physiotherapists play a great part. Splints are fitted, designed to keep the powerless limbs from buckling, and with locks in them so that bending at the knee can occur on sitting down. With these splints and crutches, progression is possible by swinging the body weight with shoulder and hip, and allowing the limbs to rock forward like a pendulum. Several different gaits can be learned, and considerable proficiency is attained.

Our man is now able to get about; he has been taught how to care for his skin, bladder and bowels. The next step is to decide what work he will do. There are many trades which lend themselves admirably to adaptation for a paraplegic. Watch repairing, plastics, telephone repairs, typewriter repairing, and many similar sedentary occupations can be followed. There must be many that have not occurred to us. Some organizations have been most helpful in teaching these trades. Other groups have sponsored handicrafts, such as leather work and work in plastics. Other paraplegics are running restaurants and other businesses with the help of relatives or friends. One man is a very busy insurance salesman. Still others are going back to school.

Once established in some field they can, and do, find themselves places in which to live, and are weaned completely from hospitals and medical staffs. Many had families of their own before they were injured; others have taken the matrimonial plunge after rehabilitation.

It can thus be seen that their future depends on their own intelligence, initiative, ambition, and on the strength of their arms and nimbleness of their fingers. They have a basic independence in their pensions. They know that the hospital and staff are always ready and glad to help them. We expect them to return periodically for check-over.

It has been a privilege to have been able to observe this energetic and ambitious group of young men at work and at play. They have organized a nationwide Paraplegic Association, which has attracted the attention of the paraplegics in the United States. They have a newspaper of their own, *The Caliper*, and all in all they are an up-and-coming group.

It is a delight to contrast them with the paraplegic of a few years ago, lying hopelessly in bed, a mass of ugly bed sores and struck with a succession of urinary tract infections, which eventually killed him; while out in the corridor some relative or friend stood, building up the courage to enter the room and stand the pitiful sight and the ghastly smell.

When one sees such a contrast, one cannot help but wonder whether a little thought and planning in some other chronic conditions might not provide results as gratifying as these.

Living on Wheels

D. George Petrie

In other articles under this cover, the doctors have discussed the medical treatment necessary to bring a paraplegic back to a measure of physical competence and enable him to assume a useful role.

There is another side to the problem. How does the paraplegic become reconciled to his disability in order to make use of his physical retraining? The answer to the problem belongs properly in the field of psychiatry. Though I know nothing of that science, I am a complete lesion paraplegic and will attempt to throw some light on the matter from the point of view of personal experience.

Whether the paraplegic received his injury on the battlefield, in a car accident, or through infection, his problem of mental readjustment remains essentially the same. The veteran casualty has the initial advantage of financial security since his treatment and pension are "on the government." The civilian has the added burden of treatment expenses (in part) and provision for his dependents while in hospital.

As soon as the patient regains consciousness and discovers that he can no longer move his legs, his immediate reaction (and the doctor's hope) is that it is only a temporary affair. For the very fortunate ones, it is. But it is with the others that we are concerned. Recovery, if any, usually takes place during the first three months. After this time has elapsed, without improvement, the man must settle down to face the facts.

At first, the realization that permanent disability is inevitable, is an overpowering experience. There follows a period of deep frustration and disillusionment when the future looks black and forbidding. The man's greatest enemy at this stage, and thereafter, is self-pity. It is a luxury only permitted healthy people — once he surrenders to it, he is lost. It is very easy to set up a series of defence mechanisms and justifications for not moving out of his bed nor attempting anything which he feels he cannot do. His friends and medical assistants can help him a great deal by encouraging his independence—allowing him to do everything within his power from a wheel-chair — thus making him feel useful. Sympathy of the wet-handkerchief variety is poison.

The man's mind must be directed away from himself and towards a hobby or some other absorbing pursuit. This is supplied partly by the occupational therapy departments. O.T., however, does not provide him with a future. Before he becomes convinced that he is out of the running, the paraplegic must be shown that there are still many fields of endeavor in which he can compete on even terms with the able worker. The practice of finding soft jobs should be discouraged; the man should feel that he is earning his own way on even terms with the rest. Where return to his old job is impossible, the man's ability should be assessed and he should be encouraged to select a vocation which does not place him at a disadvantage. In such fields as watch-making, jewelling, insurance selling, and office work of most types, many paraplegics have made satisfactory adjustments.

In any case, the man must be made to realize that it is not what he has lost, but what he still has left which is important. The paraplegic must capitalize on the use of his hands and brain.

To the new paraplegic, the prospect of returning home from the hospital is not as pleasing as you think. The hospital offers an unusual amount of security. In the event of sudden flare-ups, medical help is on the spot. His home is usually many miles from the hospital and the return ride, with a high temperature, is far from comfortable.

Also, at home he is met by a procession of old friends who greet him with a misty eye and almost invariably err in the direction of oversolicitousness. This is a ticklish problem. Friends and relatives must learn just how much help the man needs and where. This involves a major personality readjustment in the man. If he is used to doing everything for himself, he must be prepared to accept a compromise.

It is important that frequent visits be arranged between the patient and his wife or parents and that several trial week-ends be spent at home. This serves as a form of indoctrination for the relatives and makes the first trip home much easier.

The greatest physical problem affecting the social readjustment of the paraplegic is the paralysis of his bladder and bowels. In addition to the physical discomfort and inconvenience, it affects his sense of security. It takes a long time to build up confidence in rubber urinals and, even then, the confidence is shaken regularly by such happenings as are related below. It is acutely embarrassing to find yourself guilty of a misdemeanor which your three-year-old nephew has just overcome.

One chap relates an incident which occurred during his first visit home. Inadvertently, he neglected to close the stop-cock on his rubber urinal (a cardinal sin among paraplegics!). The net result was a puddle on the living-room floor. The family tried to cover up the incident by diplomatically blaming it on the dog. This further complicated the situation by evasion, and was probably enough to make the lad wish he had never left the hospital. In such a situation, (and it happens frequently), a sense of humor is the only way out.

A similar incident happened to me this past year. During a party at a fraternity at McGill, my urinal, (they are beastly things!) became blocked, producing a precarious situation. A few of the lads hustled me upstairs where we attacked the problem in high humor, merely because I had previously mentioned that such things did happen.

These unhappy events are mentioned because they are the things which are continually cropping up in a paraplegic's life.

As far as marriage is concerned, paraplegia imposes the problem of sexual incompetency. For couples previously married, readjustment to this problem is difficult but not impossible. Success depends largely on the individuals concerned. There have been many successful "paraplegic" marriages and they seem to be working out smoothly. Marriage involves sympathetic understanding by both partners. The two must operate as a team and, in a house which is adapted to wheel-chair life, this is not too hard. If the matter of marriage is approached intelligently, the chances for happiness are very high.

In the final analysis, the business of mental readjustment is set up to the man himself. He can be provided with medical treatment, re-training and vocational training, but unless he is prepared to fight it out and establish himself, none of these facilities will help him. It would be false to say that life in a wheel-chair is all sweetness and light — nothing is farther from the truth. But the fact remains that there is still a very great deal to live for and the paraplegic does not have to look very far for it. Living on wheels is a challenge to every individual faced with complete paraplegia — a challenge to his moral strength, ingenuity, and sense of humor. After his first few months out of the hospital, he will probably find that the challenge was not nearly so formidable as he thought.

Meal Planning and Preparation

H. RUTH CRAWFORD

IT HAS BEEN said that "a good diet may add not only years to one's life but life to one's years." Fortunately, we have available in Canada today a very abundant variety of nutritious foods, within the scope of almost every budget. How best to combine these foods into pleasing, nourishing meals is a problem which confronts almost every nurse whether she be giving advice on meal planning to others, keeping house for herself, or just choosing meals each day from a restaurant menu.

In planning meals, there are three points to keep in mind: the adequacy of the meal, its limitations due to available money and facilities, and its attractiveness, or appetite appeal.

ADEQUACY OF THE MEAL

The adequacy of the meal is, of course, of prime importance, and each day's menu should be planned to include the required food nutrients: calories, protein, minerals, and vitamins in adequate amount.

This can be accomplished quite easily if the following foods, in the amounts indicated, are used daily:

Milk: Adults, half-pint; children, at least 1 pint. Some cheese as available.

Fruit: One serving of citrus fruit or tomatoes or their juices. One serving of other fruit, fresh or cooked.

Vegetables: One serving of potatoes. Two servings of other vegetables, frequently raw.

Cereals and bread: One serving of whole-grain cereal. Four to six slices of bread, preferably whole-wheat.

Meat and fish: One serving of meat, fish or meat substitute. Liver, heart or kidney once a week.

Eggs: Three to four per week.

A source of *vitamin D*, such as cod liver oil, is needed by all growing children.

Iodized salt.

LOW COST DIETS

If one stops to analyse the distribution of the food dollar necessary to purchase the food listed above, it will become apparent that the dollar is split into four almost equal parts for:

1. Milk and milk products.
2. Meat, fish and eggs.
3. Vegetables and fruits.
4. Cereals, bread, sugar, and extras.

When it is necessary to severely restrict the amount of money spent on food, certain changes will be necessary in this distribution of the food dollar. The chief change will be an increase in the amount of money spent on cereals and bread, for this group supplies great over-all food value for little money. At the same time there will be a decrease in the amount of money spent on meat and eggs, which are among the most expensive items listed. Fewer, and also cheaper, cuts of meat will be purchased. These cuts require long, slow cooking in moist heat, but if properly done are fully as tender, flavorful, and nutritious as more expensive cuts. Cheese should be included in generous amounts in all low cost diets, for it is a good meat substitute and quite inexpensive.

"Eat what you should, then what you would" is a good rule to remember. The health-giving, protective foods should be purchased with certainty before any money is spent on such expensive and non-essential foods as cake, pastries, candy, and soft drinks. A great many diets are poor and inadequate not because there is too little money available, but because too large a proportion of the food dollar is spent on these non-essential sweet foods, which at the same time are harmful to teeth and dull the appetite for more healthful foods. Low cost meals can be planned to meet the daily nutritional needs fully as well as more costly ones. A large amount of money spent for food does not guarantee better nutrition, and may only buy a greater variety of more expensive and out-of-season foods.

VARIETY

Regardless of the amount of money spent on food, however, the meal should be so carefully planned and served that eating it is a pleasure, not a mere necessity. This is of particular importance in families with young children where getting them to

SAMPLE MENUS

At all meals, serve: whole-wheat bread and butter, coffee or tea for adults, milk for children.

Breakfast

Citrus fruit or juice or tomato juice
Cooked whole-grain cereal with top milk
Toast or muffin
(Bacon, eggs, or fish may be added.)

Dinner	**Supper or Luncheon**
Pot roast of beef Browned potatoes Spinach Raw carrot sticks Baked apple	Cream of tomato soup Chopped egg and lettuce sandwiches Grape sponge
Baked stuffed heart with gravy Mashed potatoes Carrots Celery curls Chocolate blanc mange	Macaroni and cheese Tossed green vegetable salad Fruit cup Bran muffins
Meat pie with biscuit top Baked potatoes Green peas Stewed rhubarb	Scrambled eggs with tomato sauce Cole slaw Butterscotch pudding

eat all the food that is served them may be a frequent problem. A keyword in attractive meal planning is *variety*. First, of course, there should be variety of foods, as already mentioned. Then these foods should be so chosen that they provide a pleasing variety of colour and texture. How much more appetizing is a plate of scrambled eggs, green peas, and carrot sticks, than one of macaroni and potato salad! Not only is it more colourful, but also more interesting in texture, a point which is often overlooked. Crisp, raw vegetables served along with a soft, smooth-textured food can add much to its enjoyment and, of course, to its food value. In addition, many children will eat various vegetables raw, while refusing to eat them when cooked. This combination of raw vegetables and a hot dish also provides another variety in our meal: that of hot and cold foods. The nurse who has lived in residence hardly needs to be told of the desirability of also providing variety in choice of foods on similar days from week to week. Too many meal planners lapse into the habit of serving roast beef and pie every Sunday, cold roast on Monday, fish on Friday, and so on.

In planning meals, a little imagination and ingenuity are indispensable. To know a variety of ways of serving the same foods will add new interest at meal-time. For instance, the left-over portion of a roast of beef may be used in a number of interesting ways on succeeding days, such as in shepherd's pie, browned hash, and scallop of meat and eggs. Potatoes, when served mashed day after day, completely lose their interest. Actually there are at least fifteen different ways that they may be prepared: pan-fried, baked, creamed, roasted, and scalloped to mention only a few. The alert menu-planner realizes that variety is truly the spice of food as well as life.

FOOD VALUES

Nurses in the field of public health may sometimes recommend certain needed foods to a family, only to find that these foods are either unavailable or strongly disliked. In such circumstances, some knowledge of *food values* is necessary before substitute foods can be suggested. The following list of foods which are best sources of the various nutrients may be of assistance in this connection. Foods are listed in order of content per serving:

Protein: Meat, fish, fowl, cheese, dried beans and peas, eggs, milk.

Calcium: Milk, cheese.

Iron: Liver, meat, dried beans and peas, green leafy vegetables, eggs, whole-grain products.

Vitamin A: Green, leafy, and yellow vegetables, liver, milk.

Thiamine (B_1)*:* Pork, other meat, whole grain products, dried beans and peas, eggs.

Ascorbic acid (*C*)*:* Citrus fruit, tomato juice, cabbage and other vegetables.

Riboflavin (B_2)*:* Liver, milk, meat, eggs, cheese.

COOKING METHODS

The proof of the pudding is in the eating, and along with skilful meal planning must go good cooking methods. Vegetables are among the foods most abused by common cooking procedures. For best flavor and nutrient retention, they should be peeled or brushed just before cooking, placed in just enough boiling water to cover, and cooked until just tender. The left-over vegetable water contains some of the water-soluble vitamins and should be used for flavoring soups, sauces or gravy. All meat is more tender and juicy with less shrinkage if it is cooked slowly at a low temperature. The cheaper, tougher cuts of meat should be cooked in moist heat, such as that obtained by braising or simmering with a little water, in a covered pan. Fruit, when cooked, is steamed, baked, or simmered very slowly in a small amount of water, to minimize vitamin destruction.

The planning and preparation of family meals is a daily task that is performed with more varying degrees of success, perhaps, than any other. Careful surveys of family dietary habits show that when meals are found to be inadequate, it is frequently a lack of nutritional information and indifference on the part of the homemaker that is responsible. This situation presents to the public health nurse a challenge which she cannot fail to accept.

Role of Pathology in Cancer Control

JOHN E. KURTZ, M.D.

CANCER is just as much a scourge as and a greater killer of mankind than Naziism. It will require an all-out effort of scientific and social forces to provide a foundation for a successful attack on this insidious and deadly enemy. The problem is so complex that only since close cooperation and organization of all medical branches and basic sciences has significant progress in cancer research and control resulted.

Pathology is a branch of medicine concerned with the origin and development of disease as well as with the structural and functional tissue responses to specific disease processes. Its growth as a science has been closely linked with the development of our knowledge of cancer. At the present time, as well as in the past, the pathologist has an important place in a cancer control program.

Although tumor growths have been recognized for ages it was not until the nineteenth century that fundamental knowledge of their characteristics and structure was acquired. The first tremendous step was development of the microscope, providing means for the first time to study tissues minutely. Discovery of the cell as the unit structure of tissue was followed shortly by publication of Virchow's monumental work "Cellular Pathology" in the middle of the nineteenth century. The purely clinical approach to medical problems gave way to the pathologic-anatomical attitudes, and this new concept produced rapid strides not only in the study of cancer but in the whole of medicine. One of the first fundamental observations was the separation of benign from malignant tumor growths on the basis of cellular changes. Most of the work since then has been concerned with the separation of tumor types according to their cellular characteristics and correlating of this with the rapidity of growth, mode and likelihood of spread, response to various forms of treatment and the usual termination. This period just ending has merged into a new era of experimental production of cancer in the laboratory and chemical study of cellular metabolism. Pathology today, a firmly established medical specialty, approaches an exact laboratory science, but at the same time contributes to the diagnosis, prognosis, and treatment of most cancer patients.

The pathologist, in formulating basic concepts of disease, examines post-mortem and surgical pathological material in the light of the patient's history, clinical course, treatment, and subsequent outcome. Progress has come through the study and publication of findings from series of patients. Every department of pathology in the medical schools and every hospital laboratory contributes to our knowledge of cancer. Some of the most significant studies have come from such places as the United States Institute of Pathology in Washington, D.C., where tremendous amounts of material are collected from the entire world and analyzed by leading pathologists. Canada, recognizing the value of this approach, has just organized its own Cancer Institute.

Although some of the basic experimental work has passed out of the pathologist's hands since chemical compounds and ultra-microscopic structures have become increasingly important, he stands in a unique position to correlate research findings with the individual cancer patient in the hospital. Many observations in experimental biology, chemistry, and physics are not intended for direct application to clinical work, but later find a definite place in the study, diagnosis, and treatment of tumor growths. Examples of these are synthesis of carcinogenic agents by the chemists, growth of human tissues in artificial media, and application of x-ray and radio-active material to the treatment of cancer. After tar had been definitely established as a carcinogenic agent in the production of both human and animal carcinoma, it was discovered that related chemical compounds, synthesized previously by the chemists, were still more potent in experimental cancer production. It has been only recently that human tissues could be grown and studied outside of the body. Practical pathologic application of these accomplishments are becoming more numerous. In some tumors the cells and structures are so atypical that exact classification by histologic examination is impossible, but by the study of tissue cultures on media the original source of the tumor may become apparent. In the field of radiation therapy pathology has been of extreme value, first in evaluating effects of radiation on normal and tumor tissues and, secondly, in determining results of cancer treatment. Frequently, after all external evidence of tumor growth has disappeared following radiation therapy, microscopic study of the area reveals cancer cells lurking in tissue depths. With opening of the atomic age, radio-active materials are available for cancer research, particularly in the realm of treatment. Cellular responses to these new radio-active substances are evidenced only by microscopic study of irradiated tissues.

Education of the clinician to the pathologic anatomic approach to medical problems is an important part of medical education. Undergraduates as well as graduate students are well grounded in fundamental principles and a good grasp of pathology is required for certification in the medical specialties. General characteristics of tumors and a study of individual tumors comprise an extensive part of the undergraduate pathology course. A surgeon must be a gross pathologist in his own right, particularly in cancer surgery, for success or failure of the operation depends upon complete eradication, not only of a primary growth but also the neighboring foci of metastases. Post-mortem examination and adequate surgical material here again are absolutely necessary, not only for formation of the student's fundamental knowledge, but also from the clinician's standpoint to correlate the diagnosis and effect of treatment in view of the pathologic findings. It is only by the critical examination of such material by the clinician as well as the pathologist that diagnosis becomes more accurate and treatment has its maximum effectiveness.

The practising hospital pathologist, although he usually has little direct contact with the patient, plays a definite part in the diagnosis and handling of cancer patients. He has often been called the "doctors' doctor" because he reports his findings to the doctor, submitting the specimen or securing the autopsy, but he still has an intense appreciation of his responsibility to the individual patient. Microscopic and gross study of tumors constitutes the most important and numerous of the surgical specimens coming to him for examination and diagnosis. His most vital problems are distinguishing between benign and malignant growths, determining the specific type of tumor, and judging the extent of spread from the material submitted to him by the surgeon. It is a heavy responsibility and at times most difficult to make definite distinctions between cancer and inflammation. Results of treatment in cancer depend upon early recognition while the lesion is still localized, and early indications of malignancy may consist only of microscopic local cell changes. Most of the tissue removed in the operating-room is sent to the laboratory for pathologic diagnosis and small pieces of tissue called biopsies are frequently taken from suspicious lesions for diagnosis before further procedure. A report of cancer to the surgeon or radiologist may be the basis for future treatment and, if the lesion is early, the fate of the patient rests on a correct diagnosis. The pathologist's assistance in the handling of a cancer case may best be illustrated by an example: A woman in her late 30's presents herself to a surgeon with a freely movable, painless lump in the breast. Clinically the differential diagnosis lies between early carcinoma, a cyst or a benign fibrous tissue growth called a fibroadenoma. On the basis of past experience, most surgeons wish to operate and remove the lump as quickly as possible. The pathologist is present in the operating-room at the time of removal and sees the cut surface of the excised lesion with the surgeon. The diagnosis can frequently be made on this examination, but in certain cases a positive diagnosis can not be determined grossly. The pathologist quick-freezes a bit of the tissue, cuts a microscopically thin slice, stains it, and examines the tissue under a microscope. This procedure, taking only a few minutes, is done while the patient is still under the anesthetic and further operative procedure is usually deferred until the pathologist reports his findings. Whatever the verdict, whether benign or malignant, the surgeon can then proceed with the assurance of a definite diagnosis. If the growth is malignant the breast is removed together with the fat and lymph nodes from the axillary region. The pathologist, by his study of the removed breast and the material from the armpit, determines the extent of local spread as well as the possibility of distant growth. Permanent microscopic sections made in the laboratory are filed, and a report of the findings is sent to the surgeon and incorporated in the patient's chart. In case of further developments, this information is available to the clinician as well as the pathologist for further study. As can well be seen post-operative radiation therapy frequently depends upon the pathologist's opinion. The pathologist then is of tremendous aid to the clinician in the early recognition and in the decision of the most effective treatment.

It is the cancer patient's right to expect all the facilities of modern medicine to be available in the early recognition of his disease in the curable phase, and adequate surgical or radiological treatment to ensure the best possible results. A well-conducted program of pathological research and education, as well as adequate hospital laboratories supervised by a competent pathologist, are essential in cancer control. This is important for the clinician to help him evaluate the individual patient's tumor growth, extent of spread, and to determine the most efficacious form of treatment. For the patient, it may play an important part in the early recognition and cure of an otherwise hopeless condition.

Dollars for Books

Slowly but surely the dollars are rolling in for the War Memorial Trust Fund. The Executive Committee of the Canadian Nurses' Association discussed the project at its recent meeting. They agreed that their had not been sufficient time to permit all provinces to reach the minimum objectives set last December. The decision was made to extend the campaign to the end of the year.

Several provinces report that their collections to date are over 50 per cent of the original objective. Commencing with the next issue of the *Journal*, and each month thereafter, the cumulative totals for each province will be published. In the meantime, it is planned to begin the assembling of libraries with the funds now available and to send complete library units to certain of the devastated countries. Other such units will be prepared as rapidly as the money comes in.

If you have not already made your donation, send it to the office of the Registered Nurses' Association right away. Refer to the Official Directory for the name and address of the executive secretary of your provincial association.

The purpose of this campaign was unanimously assented to at the biennial convention in Toronto last summer — to honor all nursing sisters who served in World War II. They are themselves giving active support to the Fund both individually and through the branches of the Nursing Sisters' Association. Can we do less? Give your dollars to purchase books for the use of our colleagues in distant, devastated lands.

Burns and Scalds

Burns and scalds are the most frequent type of fatal accident in the kitchen. These injuries, it is estimated, take the lives of more than two thousand people a year in our country, or roughly one-third of all the lives lost in the kitchen mishaps. This figure is exclusive of several hundred persons a year who perish in homes that are either partially or totally destroyed by conflagrations which start in the kitchen. Many more women than men are fatally burned in the kitchen. The reasons for this sex difference are rather obvious. Not only does the woman spend a large proportion of her time in the kitchen and around the stove, but also her clothing is a much greater fire hazard than the man's, being looser-fitting and frequently of highly inflammable material.

Scalds suffered in the kitchen account for a relatively large number of deaths annually among young children. In many of these instances the child, while playing about the kitchen, falls into a pail or some other container of scalding fluid that is left standing on the floor. A number of youngsters each year are fatally scalded when they bring down upon themselves a pot of tea, a plate of soup, or some other hot substance being served on the table. Others are scalded by pulling down from the stove hot fluids in a pot or pan with its handle protruding.

— *Statistical Bulletin.*

Cape Wanted

Last December we carried the story of Mary Peters' return to the mission fields in China on our "Interesting People" page. The following letter has just been received from her. We hope that there is a nurse who will send the cape which she is no longer using:

"I wonder if you will insert a request in *The Canadian Nurse* for a nurse's second-hand cape needed by a missionary nurse in China who, when she thought she could not return to her work, sent her own cape over to England during the war for a nurse who might need it worse than she. Perhaps some nurse who has no further use for her cape may see this notice.

"I should prefer a long cape rather than a short length as it is cold during our service in the early morning with no heat in the chapel. I need only one cape, of course, and shall be so grateful if that could be found and sent before August to Mrs. W. G. Tamblyn, 67 Roxborough Drive, Toronto 5, Ontario.

"I am looking forward so much to having that cape before the winter!"

The Red Cross in Japan

The Japanese Red Cross has been reorganized and will once more put its humanitarian activities at the disposal of the Japanese population. These activities are: Health service, training of nurses, first aid courses, supply of staff for clinics, establishment of sanatoria, first aid posts on sea beaches and river banks, highway first aid posts, Junior Red Cross movements in all schools, relief work in case of calamity, and other voluntary services.

Among the principal tasks to be undertaken is the training of nurses, who will serve not only in time of war or natural calamity, but also in hospitals, clinics, and sanatoria. The Japanese Red Cross, anxious to raise the standard of training of the nurses in its hospitals, has organized, in co-operation with St. Luke's School of Nursing, a new course at the Japanese Central Red Cross Hospital. Another institution, once known as the Central School for Nurses, has recently been authorized to establish itself as an accredited school of nursing.

INSTITUTIONAL NURSING

Contributed by the Committee on Institutional Nursing of the
Canadian Nurses' Association

An Orientation Program

Noreen D. Lambert

Why is there a need for an orientation program? Let us answer this question with a more pertinent one: "Have you ever taken a position in a new hospital with no explanation of your duties or the location of your ward?" This has occurred and the resultant problems will be only too readily admitted.

If the graduate is to attain a reasonable sense of security in a new position, it is up to some delegated personnel of the hospital to plan a well-integrated orientation program. It is the opinion of the writer that the nursing school staff, particularly the nursing arts instructor, could play an active part in such a plan. Certainly the time spent in introducing the new graduate will be returned a hundredfold by her adjustment to the new situation.

When a nurse applies for a position a request for a personal interview with the director of nurses is important. This is the first step to acquaint her with those to whom she will be responsible. In turn it provides the interviewer an opportunity to judge the personality and temperament of the applicant, thereby foreseeing any problems of placement which may possibly arise in her association with other members of the staff. If there is a leaflet with an outline of regulations for the graduate staff it may be given to the applicant at this time. Otherwise, rules regarding laundry, time-book, meal tickets, etc., should be outlined verbally.

On the morning the new graduate reports for duty, or perhaps the day before, the director of nurses or her assistant meets her and introduces her to the nursing school staff. She is taken on a tour of the hospital by a member of this staff. At this time, she is introduced to the heads of departments, including special departments, so that the way is paved for further contact with their personnel. At the end of the tour, the new member is taken to her assigned station, and there introduced to the head of this department. A careful and thorough initiation into the geography of the floor follows, showing her how rooms are lettered and numbered, making use of an empty ward, if possible, to point out details of arrangement and signal system.

The location and use of standard equipment of the ward are discussed, such as: (1) linen-room and linen supply; (2) utility-room and its equipment; (3) treatment rooms; (4) sterile supplies and dressing-carriage; if there is a central dressing-room, procedure for obtaining supplies is explained; (5) various ward keys and regulations; (6) fire equipment and precautions; (7) ward library and its regulations.

Included in this orientation is an explanation of the method of administering medicines, hypodermic trays and the technique employed, the ordering of drugs and the rules governing narcotics.

At the charting desk, the new

member is introduced to the record system. A model chart is demonstrated thus ensuring a correct impression. The doctor's order book is described, as well as the treatment sheet with daily, standing, or specific orders. Requisition and treatment slips are shown, and special details here pointed out.

It is advisable for each department to have a procedure book in the ward library, affording a means of quick reference for students and graduate nurses. As it is felt that the graduate nurse on staff is an essential figure in the teaching of student nurses, she is expected to adopt the procedures of the hospital in which she works. The procedures of one hospital are not considered better than those of another, but there is a recognized need for uniformity in an institution where there is a nursing school. Needless to say, graduate nurses must be flexible in their ability to adjust, accompanied by an open mind to accept various procedures without the sacrificing of principles.

The supervisor of the ward outlines the assignment of patients and a brief history of those who will be her special charge, with a description of the routine care of patients. Following this theoretical introduction, the new member is introduced to her patients.

The usual succession of events on the ward has an essential place in the orientation pattern. This includes time for trays, baths, doctors' visits, out-patient clinics, bed-pans, visiting hours, rest hours, afternoon and evening care of patients.

Special regulations with regard to time sheets, breakage of equipment, care of soiled, stained, and torn linen, procedure for admission and discharge of patients, will differ in each locale thus requiring complete knowledge by each new member of the staff.

After the new graduate has been working for three or four days, allowing time for a general adjustment, she spends a two- to three-hour period with the nursing arts instructor. Enemas, douches, catheterizations, intravenous, and other treatments deemed necessary by the instructor are demonstrated. At the same time the instructor may go over the ward teaching program and its integration with classroom instruction.

Consideration must be given to the private duty nurse and her place in an initiation scheme. She merits a warm reception by supervisor and students, for her appearance on a ward allays many worries of a very ill patient. She requires an explanation of the ward, its equipment and regulations, relations with other departments, records, day and night reports, medicine closet, and various procedures. However, the time spent with the private duty nurse will be more limited because of the patient's immediate need of her services. Nevertheless, the efficiency of a private nurse is a very real responsibility of the supervisor and head nurse of a department where she works.

If a new member to a staff is launched upon her tasks by means of such a program, the feeling of "belonging," which is an essential component of good morale, will be initiated from the beginning. There will be better co-operation between doctor, supervisor, staff members, and patients. It will help her to develop new insight and understanding, making her adjustment to the new service more promising.

One department reflecting harmony between all personnel will foster confidence in all who are associated with its functioning. In the words of Ernie Pyle, writing of a unit in North Africa: "The whole outfit vibrated with accomplishment, and they were all proud together."

BIBLIOGRAPHY

1. Hansen, Helen F. Professional Relationships of the Nurse. McAinsh & Co. Ltd., Toronto.

2. *American Journal of Nursing*. May 1940, Vol. 40, No. 5; Dec. 1943, Vol. 43, No. 12.

3. Wayland, McManus and Faddis. The Hospital Head Nurse. The Macmillan Co. of Canada Ltd., Toronto.

PUBLIC HEALTH NURSING

Contributed by the Committee on Public Health Nursing of the Canadian Nurses' Association

They Too Are Our Patients

PEARL STIVER

SYPHILIS and gonorrhea are communicable diseases. Since we, in public health nursing, are vitally concerned with the control of all communicable diseases it would reasonably follow that we are interested in the control of syphilis and gonorrhea.

As public health nurses we are not only interested in our patients — we are also interested in their homes and in their relationships in these homes. Our interest in the patient is deepened then when we know that he has syphilis or gonorrhea, for we realize that these diseases more than any other illness affect every phase of the patient's life—home, business, and social relationships.

Ordinarily, when an individual becomes ill, he or she receives the attention of the entire family. Sympathy and every consideration is given. What a different situation if the individual develops syphilis or gonorrhea! She must not tell father or he would put her out. Mother would be heartbroken. Family and friends would despise her. Even the community views the syphilis or gonorrhea patient in much the same light as does the family.

At work the patient is faced with another grave problem, namely, that of losing his job. Recently one young man was discharged from work because of a positive blood test found in his pre-employment examination. He obtained another position. When he was given an appointment for a physical examination with his new firm, in desperation the boy appealed to the Health Department. Must he again be thrown out of work? The syphilis or gonorrhea patient, frowned on by family, an outcast of society, is faced with the problem of insecurity in his or her work.

How then can we, as public health nurses, assist these bewildered individuals? If we are to be of real help, two definite steps must be taken:

1. A critical examinaton of our own attitudes.
2. An interested study of our patient, his environment, and his relationships.

OUR OWN ATTITUDE

What is our attitude toward the syphilis or gonorrhea patient? Is he to us the same as any other patient or do we feel that he is reaping the just reward of his sins? Our patients are extremely sensitive to our attitudes. Therefore, unless we can regard syphilis and gonorrhea in the same light as we do any other communicable disease and unless we can objectively, and with understanding, discuss venereal diseases with our patients, our efforts will avail little. To gain this understanding of our patient we must know something about him, the kind of home he comes from, his relationships in that home, with his friends, in his work. In brief, if we are to help him, we must endeavor to find the underlying factors, the real causes of his infection. Why has he chosen this pattern of behavior? How did he get off on the wrong foot in the first place?

From our study of mental hygiene we know that an individual responds to a situation because of what he is, that is, what he has been born with and the effect of his environment and the various circumstances which have surrounded his life. Therefore, when we study our patients we interpret their response to a certain situation in the light of those things which have gone into the making of their total personality.

Now if we approach our syphilis or gonorrhea patient with this attitude, can we continue to feel that he or she is just plain bad? To illustrate, could we consider one case:

Mary, 15 years of age, was reported to us as a contact of gonorrhea. Because of the girl's age it was necessary to contact the parents. When the nurse telephoned the mother to make an appointment to see her, the mother replied, "If it's about Mary and it's trouble, I don't want to hear it."

Arrangements were duly made for Mary's examination and she was found to be positive for gonorrhea. The complete history as taken by the nurse is as follows:

> Mary, elder of two children, has a brother twelve years of age. Her father is a sea captain, apparently the more stable and intelligent parent, twelve years older than the mother. The mother appears below average intelligence, works in a laundry. In the home is the maternal grandmother of an unstable type, domineering, who "rules the roost." The mother goes out to dances a lot, presumably to get away from the nagging grandmother. The home is a poor one, consisting of three rooms in a poor district of a large urban centre.
>
> Mary is a clean, tidy, attractive girl attending high school. She has made few friends in school because she feels inferior to the other students. Her only real associates are the childrn on the street in her own community. She admits sexual exposure with two of these boys whom she has known for years. An attractive girl of normal intelligence, ashamed of her own home and family, she is obviously seeking an escape. Her life has been one of insecurity, instability, devoid of affection and understanding. She has doubtless given in to the boys because they seemed to show her sympathy and affection which she had not previously known.

Can we blame Mary for her behavior? What an entirely different picture than if we considered Mary only in the light of the original information — a fifteen-year-old girl, positive for gonorrhea, admits sex relations with two different boys.

As we delve into the history of many of these patients we many times wonder how they are as nice as they are. We do not condone their behavior but we should seek to understand. It is then, and only then, that we shall be in a position to help them.

THE ART OF INTERVIEWING

Since the medium through which we gain information, which enables us to understand the patient and subsequently to help him, is the interview, it is important that we as public health nurses be skilled in this art. Interviewing implies infinitely more than the asking of certain questions and the writing down of the answers on a given form. It implies the establishing of rapport, the gaining of the patient's confidence, the asking of cardinal questions which lead the patient to tell his problem and state his personal experiences. It embodies the gaining of confidence, the art of skilful questioning, the ability to listen, interjecting the occasional pertinent comment which leads the patient on. The successful interviewer considers even the minor details, such as, the place of the interview, the position of the patient and of the nurse. For example, to talk across a desk is talking "to," to have the patient on the same side of the desk is talking "with." These points may seem incidental and trivial; nevertheless anything which strengthens our relationship with the patient promotes mutual confidence.

Upon our ability to interview depends the success of our work. If we cannot gain our patient's confidence and stimulate him to talk, we cannot understand him. If we do not understand him we cannot help him meet and solve his own problem which, after all, is our ultimate objective in all public health work.

The days when we, as public health nurses, did not concern ourselves with the syphilis and gonorrhea patient are gone. Venereal diseases present a health problem in every community and a threat to individual and family health and happiness.

The removal of prejudice and ignorance, which has hindered venereal disease control programs for so long, indicates interest and concern on the part of individuals and communities. It places greater responsibility upon us as nurses. People are now willing to discuss syphilis and gonorrhea in an objective way. They have many questions. They seek leadership in any endeavor to stamp out these diseases. Naturally they turn to us for help and guidance. We have a responsibility not only as professional workers but as interested citizens. To discharge our duties constructively we need not only a knowledge of syphilis and gonorrhea but as well an understanding of the individuals who suffer from these diseases.

Case Record

The problems of the patient with venereal disease and the way in which assistance may be provided is illustrated in the following case record:

A young married couple appeared at one of our clinics with gonorrhea. When interviewed by the public health nurse regarding contacts, the husband gave the wife's name, and the wife named her husband. Each were re-interviewed with the same results. Finally the nurse asked to see the husband again. Taking him into her office, closing the door, and seating him comfortably, the nurse assured the patient that all information obtained from patients is professionally confidential. The nurse continued:

"Now, Mr. A, we have talked with you on two different occasions, and also with your wife as to where this infection may have come from. You both maintain that you have been exposed to no one else. Now I've thought this thing through rather carefully and somehow I'm inclined to believe your wife."

The man, somewhat fussed but not annoyed, replied, "Nurse, if I tell you the truth you'll never tell my wife? Well, I got sore at her one night and went out and picked up a girl and this is the result."

In course of conversation the nurse inquired, "Tell me, how are you getting along with your wife?" The patient replied, "That's the trouble, I'm not." "Do you love your wife or do you feel you would like someone else?" the nurse inquired.

"Of course I love my wife and I do not want anyone else, but she nags me and nearly drives me crazy. That's what happened that night."

The nurse let the patient talk on. Finally she said, "Would you like me to talk with your wife? It may not help. On the other hand, it may." The patient agreed, provided the nurse did not mention this conversation. He was again reassured.

The nurse visited the wife in her home. In the course of conversation, she inquired how the wife and her husband were getting along. The wife replied, "Oh, all right."

"Tell me," said the nurse, referring to their infection, "do you ever mention this to him?"

Rather guiltily the wife replied, "Oh, sometimes, in fun."

The nurse continued: "I wouldn't if I were you. It really isn't funny, is it? Certainly it isn't funny to you and I'm sure it isn't to your husband. You know, we can cure your infection but if you break up your home we can do nothing about that. You have a nice home, a nice family. Your husband has a good job. You love him and your children and I'm sure he feels the same. We all know how hard it is to put up with nagging and having our faults and failures repeated to us. Often little things can do so much harm. Let me assure you we are going to see you through this illness, but remember, your home depends on you."

Both husband and wife continued regularly with treatment. Some time later the husband came to the clinic and asked to see the nurse. When seated in her office, he said, "Nurse, I don't know what you said to my wife, but boy! — she's wonderful! We're getting along swell and everything going fine."

Like all other public health problems, venereal disease has a basic cause and predisposing factors. Syphilis and gonorrhea constitute a great public health problem, threatening the very foundations of family life. As public health nurses, whose interest is the strengthening of the home by the procurement of the optimum of health for every member of the family, we cannot ignore our responsibilities. Sufferers of syphilis and gonorrhea need help.

They, too, are our patients!

Nursing with UNRRA in Greece

MARY E. HENDERSON

I HAVE just returned from over two years' service with the United Nations Relief and Rehabilitation Administration of which nineteen months were spent in Greece. Canadian nurses would probably be interested in hearing something of nursing conditions in this country.

UNRRA's work in Greece embraced many phases of relief and rehabilitation in various fields, such as health, welfare, food, agriculture, fisheries, industrial rehabilitation, displaced persons, etc. In general, this work was largely of an advisory nature, the aim being to help the Greek people to re-establish their services on the pre-war level. All divisions in UNRRA worked very closely with corresponding government departments and great difficulties resulted from the frequent changes of government. In the two years that have elapsed since the liberation of Greece from German domination there have been nine different governments.

Here I shall attempt to give only a brief description of the work in our own field of nursing, followed by some general impressions of Greece. Nursing was only one of the various sections comprising the Health Division of UNRRA, others being nutrition, sanitation, tuberculosis, laboratories, medical supplies, and rehabilitation of the disabled. Among the greatest health problems in Greece are malaria, tuberculosis, and enteric and gastrointestinal diseases. The UNRRA Tuberculosis Consultant estimated that the tuberculosis incidence in Greece today is at least twelve to fourteen times greater than it is in either Great Britain or the United States. The malaria incidence has always been very high. It is gratifying to know, however, that the tuberculosis and malaria control work have been stimulated very effectively through the influence of the UNRRA tuberculosis and sanitation sections. Trachoma is another prevalent disease in Greece while typhoid fever is endemic. There is also a considerable amount of malnutrition, which is especially noticeable among the children. One is struck by the number of cripples one sees in Greece, both on city streets and in rural villages, for, added to the considerable number of disabilities caused by disease, numerous people have been crippled due to war injuries and exploding mines.

For the purpose of the administration of the work UNRRA divided Greece into eleven regions. The nursing personnel in each region consisted of a nursing consultant and a staff of public health and hospital nursing advisers, the number depending on the size of the region. The UNRRA nurses worked mainly in an advisory and educational capacity with the Greek personnel in the existing health organizations and hospitals. The chief problem in the nursing field is the great shortage of graduate nurses, there being only five hundred in the whole of Greece to serve a population of approximately seven million. It should be

(*Continued on page 467*)

AUX INFIRMIÈRES CANADIENNES-FRANÇAISES

L'Infirmière et la Culture Générale

GEORGES HEBERT, M.D.

La profession d'infirmière évolue avec une rapidité étonnante depuis quelques années. Voyons un peu les modifications apportées dans les programmes d'études et disons ensuite quelques mots sur la culture générale nécessaire à l'infirmière de l'avenir.

MODIFICATIONS DANS LES PROGRAMMES D'ÉTUDES

Sous la directive des associations d'infirmières enregistrées, les écoles de gardes-malades ont progressivement exigé de leurs aspirantes un degré plus élevé d'instruction. Ne peut être acceptée actuellement que la porteuse d'un certificat de onzième année scolaire.

Le niveau de la profession y a sûrement gagné; je me souviens en effet de la correction des examens des infirmières vers 1934. Les fautes d'orthographe qu'on y rencontrait étaient simplement monstrueuses. Je n'exagère pas en affirmant que le pourcentage des copies cousues de fautes dépassait de beaucoup celui des feuilles sans erreur orthographique. Moins précipité par la vie, il m'arrivait souvent alors de corriger au crayon rouge chacune de ces fautes!

Loin de moi la pensée qu'il n'existât à cette époque des jeunes filles fort instruites dont les examens pussent se comparer avec les meilleurs d'aujourd'hui! A celles-là je rends hommage et c'est probablement grâce à leur exemple, leur initiative et leur travail qu'on a pu réaliser les progrès actuels. Elles ont été des devancières et nous leur devons tous une sincère reconnaissance. Par elles, la voie a été tracée. Le résultat se constate de lui-même; nous ne sommes plus horripilés par les fautes d'orthographe; bien au contraire, nous pouvons, lors de la correction des examens, apprécier les phrases élégantes et bien construites.

En causant avec les infirmières nous réalisons qu'avec le niveau d'instruction s'est élevé aussi celui de la bonne éducation. Il nous arrive très souvent de rencontrer parmi elles des jeunes filles issues de milieux intellectuels très bien cotés et de découvrir dans leur personalité le raffinement d'une éducation très délicate. Nul doute qu'une instruction plus solide n'ait conduit à une plus grande distinction dans les manières. Cela va de soi. Qu'il y ait des exceptions, nous en convenons, mais en général il faut l'admettre, les gens plus cultivés ont une éducation plus subtile. Cette éducation sera d'autant plus raffinée qu'elle remonte à un plus grand nombre de générations. Et ceci, jusqu'au jour où un individu fait mentir la loi de la famille! Il devient alors une exception mais ne change rien à la règle.

Revenons à nos écoles d'infirmières. Depuis que fut adopté le principe d'un minimum d'instruction correspondant à la onzième année scolaire, un programme d'études médicales plus étendues fut mis en vigueur. Les notions de physiologie, de bactériologie et de pathologie sont augmentées. On pousse les études jusque dans le giron des spécialités. En somme, les écoles d'infirmières suivent le progrès scientifique.

Je dirais même: elles sont devenues si scientifiques que bientôt elles auront oublié totalement le but pour lequel elles ont été créées à savoir le soin immédiat des malades!

Plus en effet on s'élève dans les sphères de l'intellect moins on aime à pratiquer le travail manuel. Vous en trouverez chaque jour des exemples dans la vie féminine. Les grandes dames instruites, bachelières ès-art, avocats, médecins, etc., n'ont plus dans leurs maisons, le même intérêt qu'avaient leurs mères ou leurs grand'-mères à épousseter, balayer, laver et repasser. Leur esprit de devoir les invite à faire ces travaux fastidieux mais, dans leur for intérieur, elles souffrent et leur légitime ambition est de trouver les aides-ménagères qui feront ce travail pendant qu'elles s'occuperont de science et d'art.

Le soin immédiat des malades requiert en général beaucoup de travail manuel. Il faut baigner le malade, l'installer dans des oreillers profonds, le faire manger, lui procurer des soins fort intimes. Une fois cette tâche terminée, commence le *travail intellectuel*, celui où la *science* est nécessaire et où la *psychologie* est indispensable. A peine l'infirmière s'est elle adonnée à cette partie intéressante de sa tâche qu'il faut de nouveau recommencer le travail terre à terre.

Cette dernière partie du devoir des infirmières demande de la patience, du dévouement et un coeur généreux. Il n'exige pas de connaissances scientifiques. Dans de telles circonstances, pourquoi les écoles d'infirmières chercheraient-elles tant à élever le niveau intellectuel de leurs élèves? Ne serait-ce pas un tort de vouloir le faire? Risquant de s'éloigner des soins matériels du malade, ne ferait-on pas fausse route?

Cette question a fait l'objet des réflexions de nombreux médecins — non des moindres — et sûrement du public. Souvent même en voyant s'approcher de leur lit des infirmières suprêmement élégantes, raffinées et distinguées, des malades ont cru qu'ils n'oseraient jamais demander à de telles jeunes filles les services requis par leur état. Peu à peu cependant, devant la nécessité et la sympathie réelle du coeur généreux de la garde-malade ils ont accepté ses soins dévoués. Ce fut une révélation! Ils découvraient dans le monde l'existence de coeurs si profondement humains qu'on se demande s'il n'y a pas un peu de divin en eux.

Et bien, ces personnes exceptionnelles vivent actuellement dans une ère de transition. Elles remplissent auprès des affligés le même travail manuel que faisaient les gardes-malades d'autrefois auquel elles ajoutent une haute formation intellectuelle. Il n'en sera peut-être pas toujours ainsi! Tôt ou tard, ces demoiselles abandonneront une grande partie de leur travail manuel pour s'adonner presqu'uniquement au travail intellectuel.

Les programmes des écoles d'infirmières visent de plus en plus à un enseignement approfondi, dans le but de faire face aux exigences de la médecine dont les progrès se font à une allure vertigineuse.

Le médecin qui, autrefois, remettait entre les mains de son interne les traitements manuels de ses malades lui confie maintenant le soin de faire des recherches scientifiques sur un sujet donné; il lui demande de résumer les opinions médicales émises en rapport avec tel problème nouveau, etc. Et le bon interne, après avoir terminé l'examen soigné de ses malades, n'a pas assez de vingt-quatre heures par jour pour fouiller dans la bibliothèque les solutions des problèmes demandés. Il doit par conséquent laisser à d'autres le soin de certaines techniques — apanage il n'y a pas si longtemps — des seuls médecins haut gradés!

Ces techniques lui ont été enseignées alors qu'il était lui-même stagiaire et maintenant il les confie aux gardes-malades. Ces dernières ne peuvent saisir l'importance de telles responsabilités à moins d'une compréhension suffisante de la pratique médicale. Elles doivent connaître l'hygiène, la bactériologie, l'anatomie et la physiologie; comprendre les réactions d'allergie, l'antagonisme de certains médicaments, leur posologie, leurs effets et leurs dangers. Elles doivent être au courant des tests de laboratoire les plus compliqués ainsi que de la manipulation de nombreux instruments de physique.

Et que d'autres choses n'ont-elles pas à savoir?

Dans de telles circonstances on comprend facilement que les dirigeantes des écoles d'infirmières aient exigé déjà un minimum d'instruction comme base à l'admission de leurs élèves et qu'elles aient grossi leurs programmes d'études.

Certaines universités ont reconnu les efforts de ces écoles et décernent un diplôme universitaire aux jeunes filles qui ont réussi les examens qu'elles leur imposent.

En conclusion, les études sont immenses. Et il arrive un moment où les soins immédiats des malades doivent être divisés. C'est alors qu'entre en jeu l'organisation du travail en deux équipes: une pour le travail intellectuel et l'autre pour le travail manuel. Pour effectuer ce dernier on s'adresse à des aides-gardes-malades. Elles s'occupent de toute la partie non scientifique des traitements aux malades et cela sous la direction de l'infirmière; celle-ci administre les traitements médicaux prescrits par le médecin, s'occupe des tests qui lui sont confiés, étudie les techniques nouvelles, etc.

Réalisant l'étendue infinie de la science elle peut se spécialiser dans une des branches de la médecine. Là encore elle trouvera moyen d'employer toute son intelligence et son temps sans crainte de dépasser le fond de la science qu'elle aura choisie.

Nous voyons donc là l'infirmière à l'étude. Ipso facto, elle prend place dans la société au rang des savantes et par conséquent elle s'éloigne peu à peu des travaux manuels qui constituaient autrefois toute sa besogne. Pour être digne d'une situation sociale aussi élevée l'infirmière devra posséder une culture générale adéquate. Noblesse oblige! C'est là mon second point.

CULTURE GENERALE NECESSAIRE A L'INFIRMIERE DE L'AVENIR

Il est difficile de définir exactement la culture générale. C'est en soi un terme bien vague.

Acceptons que les cours classique ou scientifique tels qu'enseignés dans nos collèges donnent à ceux qui les terminent avec succès quelques connaissances générales ou, en d'autres mots, un peu de culture générale. Ces enseignements ouvrent des horizons sur les différentes sciences et sur les arts. N'allons pas croire que les diplômés de ces cours soient des savants le jour où ils reçoivent leur diplôme! Ce sont des individus à qui on a enseigné des connaissances générales en vue de les préparer à l'étude d'une science ou d'un art en particulier.

A un degré un peu moins élevé on peut dire que les jeunes filles possédant un diplôme de onzième année d'études sont également assez bien préparées à poursuivre des études plus approfondies. Elles savent un peu de tout et pas beaucoup de tout. Heureusement elles sont jeunes et susceptibles par conséquent d'apprendre davantage. Ambitieuses et d'un grand coeur elles entreprennent la carrière d'infirmière. Pendant trois ans leurs loisirs sont au minimum et, en dehors des sciences nouvelles qu'on leur inculque, elles ne pourront guère se cultiver.

Mais, me direz-vous, toutes ces sciences nouvelles qu'on leur enseigne font partie de la culture générale. C'est exact. L'anatomie, la bactériologie, la chimie, la physiologie, la médecine sont autant de sciences qui élargissent les horizons intellectuels. Elles donnent à l'infirmière une certaine supériorité qui lui permet de s'imposer auprès de ses patients. Et ceux-ci sont souvent étonnés qu'une si jeune fille puisse saisir le sens des nombreux mots baroques prononcés par le médecin.

Cependant, méfions-nous! Le public un peu cultivé a cherché depuis plusieurs années à comprendre un peu les problèmes médicaux et il s'est instruit dans les périodiques les plus variés. Il n'existe presque plus de journaux et de revues qui ne traitent des sujets médicaux les plus récents. Les journalistes avides de nouvelles sensationnelles scrutent les laboratoires, les hôpitaux et les universités pour y découvrir les derniers-nés parmi les sujets scientifiques. Ils lancent parfois dans le public des nouvelles médicales avant même qu'elles n'aient paru officiellement dans les journaux médicaux.

Le cinéma répand la connaissance de certains progrès de la médecine et reproduit par l'image des techniques parfois complexes; des livres de vulgarisation médicale sont également édités et mis à la portée de tous. Aussi, de plus en plus, rencontre-t-on des individus parfaitement au courant des termes médicaux et des dernières acquisitions de la médicine. Nul doute qu'une infirmière intelligente suive ces progrès et que ses idées soient solidement établies par les articles spécialement rédigés pour elle par des organismes appropriés, revues de la garde-malade, etc.

En écoutant parler ses patients de problèmes médicaux, l'infirmière réalise que ces personnes possèdent des connaissances qui dépassent le domaine de leurs activités habituelles. L'industriel, l'ingénieur civil, l'avocat ou le chimiste, qui parlent de médecine causent donc d'une science qui n'entre pas dans le cadre de leur profession. S'ils peuvent s'entretenir de beaucoup d'autres sujets, ils démontrent par le fait même qu'ils jouissent d'une culture générale étendue.

Cette culture générale, l'infirmière doit y viser et pour plusieurs raisons. La première est sans contredit sa satisfaction personnelle. Plus une personne est instruite plus elle est en mesure d'apprécier. Connaissez-vous les plantes et les fleurs, chacune d'entre elles devient un objet d'intérêt. C'est un plaisir pour vous de les regarder; vous saisissez leurs points faibles et leurs qualités; les livres qui les décrivent excitent votre curiosité et les botanistes qui vous en causent vous passionnent.

Vous aimez les arts! Voilà qui vous permet de passer des heures inoubliables. La musique atténue les moments tristes de l'existence, la peinture et la sculpture occupent l'esprit et leur horizon est sans limite. Les artistes en vous en parlant vous enthousiasmeront, et s'il vous est donné de rencontrer quelques génies, vous sentirez qu'ils possèdent une flamme capable de vous faire trouver la vie belle.

Tous les arts, toutes les professions et tous les métiers vous intéresseront de même, si vous vous donnez la peine de les connaître un peu.

Le fromager qui ajoute de la pénicilline à son fromage, le mécanicien qui répare un avion quadri-moteur, le luthier qui passe ses jours à faire un violon, l'ébéniste qui exécute des meubles de luxe, etc., sont autant d'êtres humains intéressants à écouter, en autant, toutefois, que vous aurez reçu une culture générale qui vous permette de les apprécier.

Si ces personnes peuvent captiver votre esprit par leurs sciences, cela signifie que vous êtes préparées à les comprendre; en d'autres termes que votre culture générale est bonne et qu'elle vous permet d'apprécier la vie.

C'est donc pour sa satisfaction personnelle d'abord qu'il vaut la peine d'augmenter ses connaissances générales.

En second lieu, l'infirmière se doit d'avoir une bonne culture générale parce qu'elle lui permet d'avoir plus d'influence sur son entourage, et, par conséquent, peut être plus utile à la société. Le rôle d'infirmière étant un rôle exceptionnellement social par lui-même l'infirmière doit chercher à lui donner son maximum d'efficacité.

En troisième lieu, la culture générale est particulièrement nécessaire au rôle d'avenir de l'infirmière. Ce rôle d'avenir m'apparaît être celui de postes de commande. Il existe maintenant un baccalauréat en sciences hospitalières. Pour l'obtenir il faut deux années supplémentaires d'études aux trois années régulières du cours. Il existe également des cours spécialisés en hygiène, et l'avenir se charge de développer rapidement le nombre de spécialités pour infirmières.

Ces personnes spécialisées occuperont pour la plupart des rôles de premier plan, dans les hôpitaux, les universités, les services d'hygiène, etc. Sans aucun doute, avec une culture générale considérable leur influence sera des plus marquantes. Pour être pratique, disons enfin qu'elles pourront exiger des autorités qui les emploieront de forts salaires tout en se faisant respecter. Ne voyons-nous pas aujourd'hui des diététitiennes en charge des cuisines des hôpitaux commander de très larges honoraires? Il faut également à l'infirmière de l'avenir des situations qui lui procurent une vie intéressante, qui la fassent considérer par sa haute valeur et qui lui rapportent de vastes moyens de substance.

Vous dirigerez des mouvements médico-sociaux importants, vous serez à la tête d'organisations hospitalières. Les industries et les laboratoires vous rechercheront. Autant de postes importants qui exigeront en plus de vos études, des connaissances étendues. Hâtez-vous donc! Si j'avais un conseil à donner je vous dirais que, par importance, vous devez d'abord vous renseigner sur l'anglais. La langue anglaise est nécessaire chez nous plus peut-être qu'ailleurs. Elle permet de se tenir au courant des activités de deux grands peuples, les Américains et les Anglais.

Une fois bilingue parfaite pensez aux arts, renseignez-vous sur la littérature, la peinture et la sculpture. Une bibliothécaire avisée vous conseillera judicieusement.

Si vous le pouvez, voyagez et récapitulez au plus tôt votre géographie. Elle vous entraînera dans l'histoire des peuples et dans leurs moeurs; de plus, elle élargira votre mentalité peut-être même jusqu'à vous faire comprendre qu'un humain qui ne pense pas comme vous peut avoir raison. C'est là un point que peu d'individus peuvent réaliser et c'est là l'origine de très nombreuses incompréhensions dans le monde, de querelles et possiblement de guerres.

Il est sûrement remarquable de constater qu'une telle largesse d'esprit se rencontre fréquemment chez la personne qui a beaucoup voyagé.

Lorsque vous aurez acquis de fortes connaissances dans tous les domaines, énumérés plus haut, sans aucun doute votre esprit ne sera pas encore rassasié. Il cherchera à s'ouvrir des horizons dans tous les domaines scientifiques. De plus en plus vous aurez élevé le niveau de votre profession. Vous aurez abandonné un travail très noble, le travail manuel, mais vous continuerez à le diriger intellectuellement. Ainsi vous augmenterez la valeur de vos services à l'humanité qui vous est chère puisque vous êtes infirmières.

Que la culture générale soit donc le motto de l'infirmière de l'avenir.

Red Cross Scholarships in Manitoba

The Manitoba Division of the Canadian Red Cross Society offers a scholarship of $600 to be given to nurses registered in the province who wish to take post-graduate courses in public health nursing at the University of Manitoba.

Essential Qualifications

1. The candidate must produce a letter from the director of the School of Nursing Education that she has met the requirements of the University for admission to the course in public health nursing.
2. She must give proof of personal aptitude for community service.
3. She must have at least a Grade XI standing with an average of 60 per cent.
4. She must be willing to sign a contract to serve under salary in the public health field in a rural community for a period of two years immediately following her graduation from the University.

The Manitoba Division of the Red Cross has asked the Bursary Award Committee of the Manitoba Association of Registered Nurses to recommend the candidate who will receive the scholarship.

For further information apply to Commissioner R. N. Snyder, Manitoba Division, Canadian Red Cross Society, 31 Kennedy St., Winnipeg.

Interesting People

Elizabeth Lawrie Smellie, C.B.E., R.R.C., LL.D., who since 1924 has guided the destinies of the Victorian Order of Nurses in Canada as chief superintendent, has retired. Chosen the Dominion's most outstanding woman in 1942, Miss Smellie's career as a nurse and great humanitarian has won for her unlimited respect and admiration on the part of all who have known her or felt the influence of her work.

Born in Port Arthur, Ont., the daughter of a physician of Scottish descent Miss Smellie graduated from the Johns Hopkins Hospital in 1909. In 1915 she enlisted with the Canadian Army Medical Corps as a nursing sister. She served in France with No. 2 Canadian General Hospital for a year and a half rising to the rank of acting matron. She was mentioned in despatches in 1916 and received the Royal Red Cross First Class in 1917. She returned to Canada in 1918 on the staff of the Director General of Medical Service at Militia Headquarters and received her discharge from the C.A.M.C. in 1920.

Miss Smellie received her training in public health nursing at a university in Boston, and in 1922 was made supervisor of the Montreal Branch of the Victorian Order of Nurses becoming chief superintendent two years later.

In 1934 she was appointed Commander of the British Empire. Other honors conferred upon her include the Mary Agnes Snively Memorial medal presented by the Canadian Nurses' Association in 1938; the honorary LL.D. from the University of Western Ontario in 1942.

Notman, Montreal

ELIZABETH L. SMELLIE

In 1940 Miss Smellie was appointed matron-in-chief, R.C.A.M.C., with the rank of major. In 1941 she supervised the organization of the Canadian Women's Army Corps. In 1942 her military rank was raised to Lieutenant-Colonel and two years later she was promoted to full colonel, thus becoming the first woman in the Canadian Army to hold that rank. She retired from the R.C.A.M.C. and returned to her duties with the Victorian Order of Nurses in 1944. In 1946 she was made a life member of the Canadian Public Health Association, an honor which had only been conferred on one other woman and the first time such an honor had come to a nurse.

At the recent annual meeting of the Victorian Order of Nurses for Canada, held in Ottawa, honor was paid to this gracious lady by all from the highest to the lowest in rank. The platinum pin set with diamonds and fashioned in the crest of the Victorian Order of Nurses was the most outstanding of the many beautiful farewell gifts that were presented.

From all parts of Canada cordial good wishes go to Miss Smellie that she may find rich happiness in the days that lie before her.

Culminating many long years of service with the Victorian Order of Nurses for Canada, **Maude Helen Hall,** has been named chief superintendent of the Order.

Born in Guelph, Ont., Miss Hall graduated in 1913 from the school of nursing of Johns Hopkins Hospital and received her public health training from the school of nursing of University of Toronto. When the United States entered World War I in 1917 she joined Base Hospital No. 18, Johns Hopkins Unit, and served in France for two years. Upon demobilization she engaged in private duty nursing until 1922 when she became a member of the nursing staff of the Massachusetts-Halifax Health Commission. The next two years provided her with experience as a staff nurse in the Toronto Department of Health followed by her appointment as supervisor in the Instructive Visiting Society in Washington and later as Director of the Visiting Nurse Association of Holyoke,

MAUDE H. HALL

Garcia, Montreal

ALICE GIRARD

Mass. In 1928, she joined the staff of the Public Health Clinic of Dalhousie University, leaving that position in 1930 to become assistant superintendent of the Victorian Order of Nurses for Canada.

As assistant superintendent of this national nursing organization with one hundred branches spread across the Dominion, Miss Hall has gained an intimate knowledge of the varied aspects of her work. Occasional visits to the branches enabled the various staffs to become personally acquainted with her and her ever-ready assistance through correspondence has endeared her to all members of this large body of nurses whom she now will lead. Opportunity has been similarly afforded for her contacts with the Board members who join with the professional group in offering their sincere congratulations.

Always keenly interested in nursing, Miss Hall is a life member of her own alumnae association. She has taken an active part in the deliberations of the Canadian Public Health Association, Canadian Nurses' Association, and Registered Nurses Association of Ontario. When the day's work is done her chief pleasure and relaxation lies in reading a good book, listening to music or attending the theatre. She is keenly interested in art, is an ardent enthusiast for the out-of-doors and takes long tramps to discover new countryside and re-discover old haunts.

Alice Girard, M.A., has been appointed to the Head Office of the Metropolitan Life Insurance Company as Territorial Nursing Supervisor for Canada.

Born in Waterbury, Conn., of French-Canadian parentage, Miss Girard graduated in 1931 from St. Vincent de Paul Hospital, Sherbrooke, P.Q. She holds her certificate in public health nursing from the University of Toronto, her Bachelor of Science degree from the Catholic University of America, Washington, and her Master of Arts from Columbia University, New York.

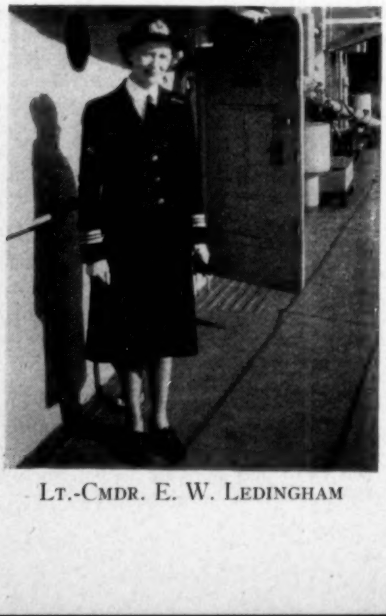
For five years Miss Girard worked as a doctor's assistant in a private clinic. Her duties included assistance in home deliveries, and first aid for five industrial plants situated in a small town, the centre of a large rural area. For almost two years she served as a staff nurse with the Metropolitan Life Insurance Company. Now after five years as director of the School of Public Health Nursing of the University of Montreal and carrying the administrative responsibilities for the school as well as teaching some courses, Miss Girard is launching out into a larger sphere. For an interim period, she will combine her work as director of the School with her new responsibilities. Being completely bilingual, Miss Girard has superb qualifications for the new work she has entered. We offer our sincere congratulations.

NETTIE D. FIDLER

The Canadian Nurses' Association announces with pleasure the appointment of **Nettie Douglas Fidler, B.A.,** as Director of the new Demonstration School which is being sponsored by the Canadian Nurses' Association and the Canadian Red Cross Society.

Born in Montreal, Miss Fidler graduated in 1919 from the school of nursing of the Toronto General Hospital. After a few months of private duty she became a head nurse in her home school. In 1923 she joined the staff of the out-post hospitals operated by the Ontario Red Cross Society. Eighteen months later she returned to T.G.H. as head nurse and night supervisor. Realizing the need for further preparation Miss Fidler enrolled in the course in teaching and supervision at the School for Graduate Nurses, McGill University. For the next three years she was an instructor in the Toronto General Hospital, then became a director of nursing at the Toronto Psychiatric Hospital. In undertaking this new work Miss Fidler leaves the faculty of the school of nursing of the University of Toronto where she has been an assistant professor of nursing for several years.

Miss Fidler has always maintained a very active interest in the work of the various nursing associations. She has been both treasurer and president of the alumnae association of the school for nurses of the Toronto General Hospital. For many years she convened a committee on psychiatry for the Canadian Nurses' Association. At present she is president of the Registered Nurses Association of Ontario. Miss Fidler is a firm believer in the value of the *true* education of student nurses and has long advocated the necessity for careful assessment of all of the factors bearing upon this education. It is, therefore, fitting that she should be entrusted with the organization and direction of this interesting experiment which will endeavor to determine these factors. We shall watch her progress with very great interest.



LT.-CMDR. E. W. LEDINGHAM

Eula Winifred Ledingham, R.R.C., was appointed director of the nursing branch of the Royal Canadian Navy and nursing-officer-in-charge, R.C.N. Hospital, H.M.C.S. Stadacona, Halifax. Miss Ledingham's peacetime rank is Lieutenant-Commander.

Born in Vancouver, B.C. Miss Ledingham graduated from the Vancouver General Hospital in 1927. After two years on the staff of her home school she engaged in private duty in various places on the Pacific coast including Honolulu. In 1937 she joined the staff of the California Lutheran Hospital in Los Angeles and enrolled in courses of administration, teaching and supervision at the University of Southern California. In 1942 she returned to the Vancouver General Hospital as assistant night supervisor, resigning from that post to enlist with the naval service in 1943. Her experience and administrative ability quickly advanced her to the post of matron. She has served as matron of

Horsdal, Ottawa

ETHEL GORDON

CATHERINE FRITH

R.C.N. hospitals on both coasts. In the King's New Year's Honor List for 1946 she was awarded the Royal Red Cross, First Class.

Her enthusiasm for outdoor activities is directed toward golf, bowling, swimming, sailing. We share in the pride of the nurses of Canada in Lieutenant-Commander Ledingham's appointment.

Ethel May Gordon has been appointed assistant supervisor of nurses, Civil Service Health Division, Department of National Health and Welfare, Ottawa.

Born and educated in Manitou, Man., Miss Gordon taught for three years in rural Manitoba before entering Winnipeg General Hospital to commence training. Following her graduation in 1927 she joined the staff of the training school office of her home hospital. Later she spent a five-year period as technician nurse in the Manitoba Medical College and two years in the Central Tuberculosis Clinic, Winnipeg. In 1936 she received her social science diploma from the University of Toronto, following this with her public health nursing diploma in 1937. She joined the staff of the Toronto Branch of the Victorian Order of Nurses in that year taking charge of the Woodstock (Ont.) Branch in 1939. In 1942 she became public health nurse under the Board of Education, Belleville, Ont., rejoining the V.O.N. as charge nurse there in 1943. In 1945 she became assistant superintendent of the Ottawa Branch.

Miss Gordon is a member of the Business and Professional Women's Club and for relaxation enjoys camping and exploring the beauty of the Province of Ontario.

Catherine Frith has assumed her duties as superintendent of nurses at Oxbow (Sask.) Union Hospital. Mrs. Frith, who graduated from the Winnipeg General Hospital in 1923, nursed at the Fort Sanatorium for six months prior to her marriage. Returning to nursing in 1939 she was on the staff of the Fort Sanatorium for two years before becoming a supervisor at the Winnipeg General Hospital, where she served for five years.

As her favorite pastimes, Mrs. Frith lists reading and cooking and hopes she may have opportunity for both of these in her new sphere.

Commemorating the twenty-fifth anniversary of her service with the Metropolitan

EMMA ROCQUE

MARTHA RACEY

Life Insurance Company, **Emma Rocque,** Supervisor in the Province of Quebec, was recently feted by more than sixty of her associates. On this occasion she was presented with the medal and diamond-studded bar symbolic of her long service. In her response to the many words of praise, Miss Rocque wished that the jewel would shed a gleam "not so much a remembrance of my past activities, but a bright light for the future."

A graduate of the Hôpital St. Vincent de Paul, Sherbrooke in 1916, Miss Rocque has taken post-graduate work at l'Ecole d'Hygiène Sociale Appliquée, Université de Montréal. Prior to her appointment with the M.L.I.C. Miss Rocque worked for one year with the Victorian Order of Nurses in Montreal, then was in the social service division of the Royal Edward Institute in Montreal, for three years, followed by a brief period of industrial nursing at St. Jerome. Her many hobbies and wide range of outside interests and activities keep her in close touch with developments in her own field and with public health nursing in general. This well-deserved tribute has given great pleasure to her many friends.

Martha Rose Racey, who was gold medallist when she graduated in 1928 from McKellar General Hospital, Fort William, has been appointed science instructor in the school of nursing of the Stratford General Hospital. Miss Racey holds her certificate in teaching and supervision from the School for Graduate Nurses, McGill University. She was instructor of nurses for two years at McKellar, nurse in charge of a private hospital at Foleyet, and for the past five years was instructor at the Plummer Memorial Public Hospital in Sault Ste. Marie. Miss Racey is keenly interested in books and during the summers gets great enjoyment out of camping.

In Memoriam

Elizabeth Argue died recently in Toronto at the age of eighty-two years.

Patricia Bresnan, who graduated from St. Boniface (Man.) School of Nursing in 1911, died there in October, 1946.

Estella M. Clarkson died recently in Woodstock, Ont.

Belle (O'Reilly) Crane, a graduate of St. Boniface Hospital, Manitoba, died in Oakland, Calif.

Lydia Cressman, a native of Elmira, Ont., who received her professional training in Philadelphia and served overseas with the U.S. Army Nurse Corps, was accidentally killed recently.

Alice Cecil K. Dawkins, who was born in New Zealand and received her training at the Liverpool Royal Infirmary, England, died recently in Montreal. On her arrival in Canada Miss Dawkins joined the staff of the Victorian Order of Nurses. In 1914 she enrolled as district nurse with the Montreal Maternity Hospital. In 1926, when the Royal Victoria Hospital and the Montreal Maternity Hospital were amalgamated, Miss Dawkins was named supervisor of the outpatient department. On her retirement in 1943 a ceremony was held at which her devotion to duty and unswerving loyalty were cited.

Edythe (Cates) Dunlop, who graduated from the Public General Hospital, Chatham, Ont., in 1939, died suddenly on March 21, 1947. Prior to her marriage, Mrs. Dunlop had engaged in private duty.

Nellie Josephine Enright, R.R.C., a graduate of the Royal Victoria Hospital, Montreal, and of the Roosevelt Hospital in New-York City, died on April 23, 1947, in Montreal.

During World War I Miss Enright spent three years in France with the McGill Unit and received her decoration for the services she rendered there. At the outbreak of World War II she again enlisted with the R.C.A.F. Nursing Service seeing service in St. Thomas and Newfoundland.

Doris E. Hyde, who graduated in 1943 from the Niagara Falls Training School for Nurses, passed away on March 27, 1947, following a lengthy illness at the age of twenty-seven years. Miss Hyde served for one year with the Victorian Order of Nurses and was engaged in floor duty at her home hospital when she was taken ill.

Margaret (Telfer) MacDuff, who graduated from the Toronto General Hospital in 1910 died recently in Toronto. Mrs. MacDuff had been engaged in private duty nursing until she became ill.

In the death of **Kate Mathieson** on April 3, 1947, at the Queen Elizabeth Hospital, Toronto, Canada loses an outstanding and familiar member of the nursing profession.

Those who have had the privilege of knowing her intimately feel that they have lost an understanding friend and a wise counsellor. She will always be remembered with affection as a woman of noble character, unassuming and kindly; a friendly personality possessing a keen sense of humor, loved and respected by a host of friends and associates.

Miss Mathieson was born in the Hebrides, Scotland. She came to Canada as a little girl settling with her parents in Tiverton, Bruce County, Ont. In 1896 she entered the Training School for Nurses of the Riverdale Isolation Hospital, Toronto. Following graduation she was appointed as head nurse there and, in 1900, was appointed superintendent of nurses, which position she held until her retirement, because of ill health, in 1943. She had the distinction of having the longest continuous record in the same hospital of any superintendent of nurses in Canada.

Garcia, Montrea

ALICE CECIL DAWKINS

Miss Mathieson's services won recognition in 1935 when she was the recipient of the King George V Silver Jubilee Medal.

During the forty-three years of leadership and untiring devotion to the duties and responsibilities of her chosen profession, Miss Mathieson gave generously of her ability and time to all phases of nursing. She was a charter member of the Canadian Nurses' Association serving as councillor; vice-president of the Graduate Nurses' Association of Ontario in 1920; an active member of the

KATE MATHIESON

GEORGIE L. ROWAN

committee which was instrumental in securing legislation for registration of nurses in Ontario; an ardent member of the Riverdale Isolation Hospital Alumnae Association.

As a token of their love and esteem, the graduates of the Riverdale Isolation Hospital paid lasting tribute to Miss Mathieson on July 6, 1927, in the presentation and unveiling of a beautiful portrait of herself, painted by the late Mr. J. W. L. Forster, which has the position of honor in the reception room of the nurses' residence.

Miss Mathieson lived a full life, devoted to her profession, her family and her friends. She was interested in literature, pictures, china, handicrafts, and gardening.

Adah Moralee, oldest graduate nurse of Victoria Hospital, London, Ont., died recently after a short illness. Miss Moralee had served for twenty years as a member of the staff of the Queen Alexandra Sanatorium in London. Previously she had worked in hospitals at Coronna and Nelson, B.C.

Georgie L. Rowan, former superintendent of Grace Hospital, Toronto, and of the Private Patients' Pavilion of the Toronto Western Hospital, died recently at the age of sixty-five at her home in Mimico, Ont., after a prolonged illness. Miss Rowan graduated in 1905 from Grace Hospital with post-graduate study at Sloane and Bellevue Hospitals in New York.

Miss Rowan was a noted educationalist, lecturing in hospital administration at the University of Toronto School of Nursing. She gave early recognition to the possibilities of public health nursing and to the place of the hospital in the public health movement. An oil painting of this notable woman will hang in Toronto Western Hospital.

Miss Rowan was a worthy follower of the great and noble Florence Nightingale. Her dignity and grace, kindliness and thoughtfulness will be missed by her legion of friends. She always had time to help someone in need.

Georgie (Collins) Schofield, a graduate of the Saint John General Hospital School for Nurses in 1909, died recently in Saint John, N.B., after a long illness. Following graduation she did private duty nursing for a short time in Saint John and was a supervisor at the Saint John General Hospital until her marriage in 1916. During the war years she was very active in Red Cross work.

Mrs. William (Pickering) Slykhuis, a graduate of Regina Grey Nuns' Hospital, died recently in her thirty-eighth year.

Elizabeth (Allen) Wallace, a graduate of the Toronto General Hospital, died recently at Oakville, Ont. For some time following graduation Mrs. Wallace served on the staff of the welfare department of The T. Eaton Co. Ltd. During the recent war she was active in Red Cross and war service work.

Edythe Louise Wilson died recently in London, Ont. Miss Wilson had served as nurse in a doctor's office for forty years.

The Official Directory

Every three months, in March, June, September, and December, the full listing of the officers and committee chairmen of the provincial associations, their districts and chapters, the alumnae associations, etc., is published. Every effort is made to have these listings correct as to personnel and the spelling of names. Corrections must be received by the first of the month preceding the month of publication to be included. Will you please check your listing in this issue to see that there is no error? There is no charge to you for any corrections. Please keep us informed always of any changes.

Notes from National Office

Committee on Institutional Nursing

The sub-committee on publications has completed a plan for the series of articles on "Personnel Policies." Topics have been assigned to the provincial hospital and school of nursing sections.

The secretary obtained lists from the provincial Instructors' Committees of appropriate texts for the War Memorial Library. A list of six textbooks for each subject of the nursing curriculum was drawn up and forwarded to the chairman.

An attempt is being made by the committee to establish a common nomenclature of nursing positions in the institutional field. A proposed list of titles with definitions has been forwarded to the provincial executive secretaries, with the hope that these will be forwarded to the head of the nursing departments of each hospital for constructive criticism and suggestions, and returned for further action.

As a preliminary step in devising techniques for job analysis of hospital positions, our committee made arrangements for a nurse to spend several days in the Job Evaluation office of the Hudson Bay House, Winnipeg. The nurse observed the work of two analysts who were most co-operative in discussing the various techniques, questionnaires, and other forms which have been developed for use in the job evaluation procedure conducted by Hudson Bay Company. It was felt that the forms could be readily adapted for use in evaluating jobs done by nurses and other workers in hospitals. The committee is endeavoring to modify the material received for hospital use.

Committee on Private Duty Nursing

Points discussed at meeting were as follows:

1. The need for better relationship with hospitals and public health organizations as the private duty nurse carries out a public health program in her daily routine.
2. The need for an orientation program for the private duty nurse who goes into the hospital for general staff duty. This would create a better understanding and in many cases the nurse would remain on the staff permanently.
3. The publication of a periodic bulletin from section conveners and registries to enable closer contact with private duty nurses.
4. Consideration of the national chairman contacting each provincial private duty nursing convener and nurses at provincial annual meetings for the purpose of creating more interest and discussing problems.

There is still a great shortage of private duty nurses with many unfilled calls but on the whole the situation appears to be better. There seems to be a general unrest among private duty and general staff nurses, the trend being to post-graduate courses. All provinces report an increase in daily ratio and in placement service fees.

Ontario is still studying an economic security plan with personnel practices and salary basis for private duty nurses.

A conference for registrars of private duty nursing registries throughout Ontario will be conducted in Hamilton, Ontario, June 9-10-11. This conference is conducted yearly as an educational program in registry work, counselling, interviewing, etc.

Committee on Public Health Nursing

With the availability of the report, "Salaries and Qualifications of Public Health Personnel," published recently by the C.P.H.A., the provincial sections have been asked to undertake a study of this report in relation to salary scales for public health nursing personnel. Upon completion they shall submit to this committee a summary of conclusions. The information will then be analyzed with a view to possible referral as contributory material from the Canadian Nurses' Association for use of the Canadian Public Health Association study committee in their later considerations.

As the Canadian Public Health Association has a committee studying "What is Essential Public Health Nursing," and as the contents appeared to show general similarity to the job analysis study, it has been decided that it would be inexpedient to proceed further in an independent study at this time.

From the provincial section reports we learn that there has been much constructive activity in the form of refresher courses, institutes and informative lectures.

Wanted—Canadian Pen-Friend

A British student nurse in her second year at Swansea General Hospital, South Wales, writes that she would like to correspond with a nurse-in-training at a general hospital in Canada. Any student nurse interested in writing to this nurse may obtain her name and address by writing to National Office.

Food Parcels for Nurses

Miss Frances Goodall, General Secretary, Royal College of Nursing, writes as follows:

> We are simply overwhelmed with your great kindness in sending so many food parcels to our nurses and, as you request in your letter of the 17th February, I enclose herewith a further list of names and addresses of nurses and also of hospitals who would be glad to receive these delightful gifts.
>
> As you know, we are going through rather a dark passage at the moment and these parcels are more than ever appreciated—they really come as a ray of sunshine in a gloomy world. At the same time we do not wish to presume too much on your generosity and are wondering whether you, too, are beginning to feel the pinch. According to our newspapers there is a great shortage of food everywhere. However, I am sure I can leave it to your judgment as to how many parcels you send and how often.
>
> Will you please convey to all those who so generously contribute to the despatch of these parcels our very grateful thanks and deep appreciation of all their kindness.

Provincial Association Activities

The outstanding activities of the provincial nurses' associations, as presented to the executive meeting, Canadian Nurses' Association, April 28, 29 and 30, 1947, are summarized for the information of nurses of Canada:

ALBERTA ASSOCIATION OF REGISTERED NURSES: A tentative new Act and By-laws for Alberta have been drafted for discussion and revision at the 1947 annual meeting.

The educational policy committee has worked on the following: (1) Clinical experience for student nurses to include psychiatric and tuberculosis nursing as well as experience in small hospitals. (2) Examination techniques. (3) Central Schools. (4) Regulations governing schools of nursing in Alberta, including the minimum curriculum.

The Legislative Assembly is amending educational requirements for admission to schools of nursing in Alberta.

The Alberta Nurse Placement Service will be operated in conjunction with the provincial branch of National Employment Service, Edmonton.

REGISTERED NURSES' ASSOCIATION OF BRITISH COLUMBIA: A very successful institute for head nurses was held in Victoria in January. Sixty-seven nurses attended, representing almost every branch of nursing. The institute was conducted by Mrs. Mary Tschudin of the University of Washington, Seattle.

A study of student resignations for the past five years revealed a 25.5 per cent average or that less than 75 per cent of the students who entered schools of nursing remained to complete the course.

As a result of meetings of the Joint Planning Committee on Nursing held since the last C.N.A. Executive Committee meeting:

1. A guide for on-the-job training of ward secretaries, ward aides, and nurse aides was prepared and distributed to all hospitals and institutions in the province.

2. A draft act for the training, licensing, and control of practical nurses was prepared. This draft act is similar to the Manitoba act.

3. A plan for a centralized school of nursing has been submitted to the provincial government. The major features of the plan are: (a) A pre-nursing course of approximately 30 weeks (one academic year). (b) A teaching centre where the pre-nursing course would be given and which would direct and control the clinical experience of students. (c) Clinical experience of approximately 108 weeks, including a 12-week orientation period. (d) Utilization of clinical fields not now used for nursing education; such clinical fields to include general and special hospitals and public health and visiting nurse organizations. (e) A proportion of the costs of the school to be borne by the students, who would be expected to pay tuition fees.

Labor Relations Committee: This committee has been very active during the winter months. Its major task was the preparation of a series of five bulletins on Employer-Employee Relationships.

The subjects of the bulletins are: Bulletin 1. The Select Committee on Labor Relations. Bulletin 2. How the Select Committee on Labor Relations Can Help You. Bulletin 3. Nursing Staff Organizations. Bulletin 4. Suggestions for Nursing Staff Meetings. Bulletin 5. Written Terms of Employment.

A report on Unemployment Insurance is in preparation and will be distributed to districts and chapters, as a follow-up on the C.N.A. brief distributed last fall.

Select Committee on Labor Relations: Numerous requests have been received for advice and for interpretation of the R.N.A.B.C. personnel practices and their application to specific situations. These requests have come from nurse employees, nurse administrators, and lay administrators. Joint conferences with three employing bodies have been held, attended by members of the nursing staff concerned and the Select Committee.

The Provincial Department of Labor has certified bargaining representatives elected by the nursing staffs of seven hospitals and one visiting nurse organization, as follows: Nanaimo General Hospital; North Vancouver General Hospital; Royal Columbian Hospital, New Westminster; Royal Jubilee Hospital, Victoria; St. Joseph's Hospital, Victoria; St. Mary's Hospital, New Westminster; St. Paul's Hospital, Vancouver; Victorian Order of Nurses, Vancouver.

Application for certification has been made for bargaining representatives elected by the nursing staff of one other hospital.

One group has elected members of the Select Committee only; other negotiating panels will be representative of the nursing staff involved and the Select Committee.

Decisions made at the annual meeting include:

1. Amendments to the Constitution and By-Laws: (a) Abolishing sections and setting up Committees on Institutional Nursing, Private Duty Nursing, and Public Health Nursing. (b) Two additional committees—on Educational Policy and on Student Nurse Activities. (c) The Committees on Labor Relations and Health Insurance are now standing committees. (d) A re-instatement fee of ten dollars. Nurses whose membership has lapsed because of non-payment of the annual fee will pay the re-instatement fee, plus the current annual fee, before being re-instated.

2. Revised Personnel Practices were approved. Major changes are: (a) The recommended basic minimum salary for a registered nurse in full employment is $140 per month. (b) The recommended work week is forty-four hours. (c) A statement of terms of employment, signed by the employing officer and the employee, is to be given to each nurse now permanently employed and to each new employee.

A sample employment contract form has been prepared for distribution.

3. Authorization was given for the employment of a full-time Personnel Consultant.

4. A fund is to be established, based on twenty-five cents from each membership fee, for the purpose of defraying the expenses of a delegate from each chapter to annual meetings.

Student Nurses' Association of British Columbia: Delegates from each of the seven schools of nursing were guests of the registered nurses' association at a dinner meeting. Following the meeting, the Student Nurses' Association was formally organized and the officers elected.

MANITOBA ASSOCIATION OF REGISTERED NURSES: The director of the Provincial

Placement Service has resigned. The work is to be carried on for the present under the executive secretary.

A special committee was set up by the Minister of Health and Public Welfare to study the training of nurses and the supplying of nursing material suitable for rural hospitals. The M.A.R.N. has two representatives on this committee.

NEW BRUNSWICK ASSOCIATION OF REGISTERED NURSES: A new chapter has been organized in Campbellton.

There is a shortage of nurses in every branch of nursing in New Brunswick. The Deputy Minister of Health requested the opinion of N.B.A.R.N. of the advisability of bringing nurses from European countries, chiefly to work in the tuberculosis sanatoria. To date no definite decision has been made regarding this project.

The minimum curriculum for schools of nursing is under revision. The association is in accord in support of an effort on the part of the Children's Aid and Family Welfare Societies to have established in New Brunswick some form of special facilities to take care of the needs of subnormal people, especially children.

REGISTERED NURSES' ASSOCIATION OF NOVA SCOTIA: A survey of Economic Security for Nurses has been undertaken by the General Duty Section.

Consideration is being given to university entrance qualifications for admission of students to schools of nursing in Nova Scotia.

REGISTERED NURSES ASSOCIATION OF ONTARIO: Community nursing registries have been established in two more centres, making a total of twenty-four organized registries in Ontario.

Word has been received from the Deputy Minister of Health of Ontario regarding the admission to Canada of nurses from the Balkan States and Poland. The opinion expressed by the members of the Board of Directors was "that we accept the responsibility for admitting our share of displaced European nurses, provided they meet our recognized professional standards or are willing to take additional training in order to meet them."

A bill to amend the Nurses Registration Act to include provision with respect to the training and registration of the certified nursing assistants was introduced by the Minister of Health before the Ontario Legislature. The bill stated that the name would be changed from the "Nurses Registration Act" to "The Nurses Act 1947."

The Legislation Committee has prepared Part I of a draft Practice Act dealing with professional nurses only.

Part II deals with nursing assistants. Both parts were presented at the annual meeting in April.

REGISTERED NURSES ASSOCIATION OF PRINCE EDWARD ISLAND: Several meetings of the Legislation Committee have been held. Copies will be sent to each member of the nurses' association.

ASSOCIATION OF NURSES OF THE PROVINCE OF QUEBEC:

The Quebec Nurses Act: The licensing act came into force on January 1, 1947.

The new headquarters at Montreal are spacious, light and airy. One experiences the sort of sensation in these new and adequate surroundings as we occasionally do when visiting one of our present-day luxurious and well-organized nursing schools—the sort of feeling that you wish you were going to begin life all over again. We have a set-up now that any nursing association could well be proud of.

Examinations: Our Boards of Examiners are particularly busy people and are responsible for the conduct of examinations (a) twice yearly at two French universities, (b) twice yearly in all English-language schools for students who have completed their first year, with supplementary sessions for failures six weeks after each session; and (c) twice yearly for all English-language graduates. All the mechanics in connection with the examinations conducted by the English Board are carried out at association headquarters, the volume of work having doubled the past two years.

Danish nurses: Arrangements have been made for nine Danish nurses to secure experience in Montreal hospitals during the present year. All negotiations include the question of their eligibility to secure our licence to practise in Quebec.

British nurses relief: Generous and lovely Canadian handicrafts to furnish one double bedroom in a Rest-Breaks Home have been forwarded to Barton-on-Sea. English chintz and lining to provide window drapes for the living and dining-rooms have also been sent for the same Rest-Breaks Home.

Auxiliary nursing: A bill is being drafted by our committee which we hope will eventually result in an Act relating to the preparation and supervision of this group.

Saskatchewan Registered Nurses' Association: The association has been called upon to co-operate in many matters affecting nurses and nursing service. It is hoped that the grading of hospitals throughout the province will do much to raise standards of employment and service.

A schedule of minimum salaries recommended for institutional nurses was endorsed by this association. Copies were sent to superintendents in institutions throughout the province. Already quite a number of hospitals report the adoption of these salaries.

Classification of civil servants, including public health nurses, has resulted in a new and improved salary schedule being established, not only for nurses on the provincial staff but also for nurses employed on other agencies.

A uniform schedule of fees for private duty nurses throughout the province has also been agreed upon and endorsed by this association. Receipt books for use by private duty nurses are now available at the provincial office.

In a number of schools students are now being given one long day off per week, and the institution of an eight-hour day and six-day week seems much nearer realization.

Several meetings have been held in connection with the status of student nurses and steps are being taken which it is hoped will safeguard the educational standards in schools.

Meetings with superintendents and superintendents of nurses in hospitals conducting schools of nursing have been held and it is felt that an interchange of ideas will lead to greater uniformity.

It is hoped that in the near future affiliation between general and mental hospitals will be arranged.

Announcements in the press regarding the professional acts have been declared to be premature by government authorities.

Explanation

With reference to Table III in the April, 1947, issue of the *Journal* on Page 284, please note the following: First-year certificate course in Supervision, Special Fields, and Clinical Supervision included under the letter "G".

To Meet Mounting Costs

For the past twenty-four years, the subscription rate for *The Canadian Nurse* has been two dollars per year. In that time, the *Journal* has almost trebled in size. Its increasing usefulness is reflected in the steady growth of the circulation. This expansion is exceedingly gratifying. However, part of the picture is seldom realized by the individual subscriber — the fact that the costs of publication have sky-rocketed compared to what they were in 1923.

In order to balance the steadily rising costs, the Executive Committee of the C.N.A. has decided that it is folly to continue to distribute the *Journal* at a figure that is far below the actual cost. Accordingly, on and after October 1, 1947, a new scale of subscription rates will be in effect. The annual subscription rate becomes $3.00 per year; a special two-year rate is offered for $5.00. Student nurse subscription rates are to be kept as low as possible at $2.00 per year. Foreign, including United States, subscriptions will be $3.50 per year.

All subscribers whose subscription expires in any month during 1947, may renew at the old rate providing payment is received in the *Journal* office by September 30, 1947.

We believe that every subscriber will approve the decision thus to avoid any curtailment of the *Journal's* expansion. We ask for your continued understanding and support.

Notes du Secrétariat de l'A. I. C.

LES ACTIVITES DES ASSOCIATIONS PROVINCIALES

Les associations provinciales présenteront un rapport de leur plus importantes activités lors de l'assemblée du comité exécutif de l'Association des Infirmières du Canada, le 28-30 avril 1947. Nous les réunissons ici pour renseigner les membres de l'association.

L'Association des I.E. de l'Alberta: Une nouvelle loi et de nouveaux règlements ont été préparés et seront présentés lors de l'assemblée annuelle pour discussion et revision. Le comité chargé de considérer la ligne à suivre en matière d'éducation a étudié les sujets suivants: (1) L'expérience clinique pour les élèves infirmières chez les malades en psychiatrie et en tuberculose et aussi dans les petits hôpitaux. (2) Examen sur la technique. (3) Une école centrale. (4) Les règlements régissant les écoles d'infirmières de l'Alberta, le programme minimum des études.

L'assemblée législative est à amender la loi déterminant le degré d'instruction nécessaire à l'admission dans une école d'infirmières de l'Alberta. Le bureau de placement pour infirmières fonctionnera conjointement avec le bureau de placement fédéral à Edmonton.

L'Association des I.E. de la Colombie-Britannique: Une très intéressante série de conférences fut donnée à Victoria en janvier. Soixante-sept infirmières de toute les catégories du nursing étaient présentes. Mme Mary Tschudin de l'Université de Washington, Seattle, fut la conférencière. Une étude, faite sur les causes des départs des étudiantes durant les cinq dernières années, révèle que moins de 75 pour cent des élèves terminent leur cours.

Voici le résultat d'une assemblée d'un comité conjoint tenue sur le nursing lors de la dernière assemblée du comité exécutif de l'A.I.C. Il a été préparé:

1. Un guide pour l'entraînement durant leur travail, des secrétaires employées dans les départements de l'hôpital et des aides; ce guide fut distribué dans tous les hôpitaux et institutions de la province.

2. Un projet de loi concernant les aides (practical nurse). Ce projet de loi est semblable à la loi du Manitoba.

3. Un projet d'une école centrale pour infirmières a été soumis au gouvernement. Les points importants de ce projet sont: (*a*) Un cours préliminaire d'une durée approximative de 30 semaines (une année scolaire); (*b*) un centre d'enseignement où le cours préliminaire sera donné et d'où l'expérience clinique pour les étudiantes sera dirigée et vérifiée; (*c*) une expérience clinique d'environ 108 semaines, comprenant 12 semaines d'orientation professionnelle; (*d*) l'emploi de tout champ clinique qui n'est pas actuellement à la disposition des infirmières pour leur formation; ce champ clinique comprend les hôpitaux spécialisés, les services de santé et les organisations d'infirmières visiteuses; (*e*) une partie du coût de ce cours devra être à la charge des étudiantes.

Comité des Relations du Travail: Ce comité a été très actif durant l'hiver, son principal travail a été de préparer une série de cinq bulletins sur les relations entre patrons et employés.

Voici le titre de ces bulletins: (1) Le comité choisi des relations ouvrières. (2) Comment le comité choisi des relations ouvrières peut vous aider. (3) Les organisations parmi le personnel d'infirmières. (4) Quelques suggestions lors des assemblées d'infirmières. (5) Les conditions de travail données par écrit.

Un rapport sur l'assurance-chômage est en préparation et sera distribué aux associations de districts et aux chapitres, pour faire suite au résumé distribué l'automne dernier par l'A.I.C.

Le Comité Choisi des Relations Ouvrières: Ce comité a reçu plusieurs demandes, de conseils et d'interprétation sur la ligne de conduite donnée concernant le personnel d'infirmières dans certaines situations particulières. Ces demandes ont été faites par des infirmières employées, des infirmières chargées de l'administration et d'administrateurs hors de la profession.

Des conférences ont été tenues avec trois groupes d'employeurs, des membres du personnel employé (infirmières) intéressées étaient présentes et les membres du comité choisi.

Le Ministère Provincial du Travail a certifié comme agent négociateur les représentantes élues par les organisations suivantes: Nanaimo General Hospital; North Vancouver General Hospital; Royal Columbian Hospital, New Westminster; Royal Jubilee Hospital, Victoria; St. Joseph's Hospital, Victoria;

St. Mary's Hospital, New Westminster; St. Paul's Hospital, Vancouver; Victorian Order of Nurses, Vancouver.

Une autre demande a été faite pour les infirmières choisies comme représentantes par un autre hôpital.

Un groupe a élu les membres du comité choisi en relations ouvrières; un autre groupe a élu des représentantes de l'hôpital et du comité choisi.

Voici quelques décisions prises lors de l'assemblée annuelle:

1. Amendements à la loi et aux règlements: (*a*) Les sections seront abolies et remplacées par des comités sur le nursing institutionnel, le nursing en service privé et en hygiène publique. (*b*) Deux nouveaux comités seront formés; l'un sur l'objectif en éducation et l'autre sur les activités des étudiantes. (*c*) Les comités des relations du travail et des assurances-santé sont maintenant permanents. (*d*) Les infirmières n'ayant pas leurs noms au registre à cause de leurs arrérages peuvent être de nouveau inscrites en payant $10 plus la contribution de l'année courante.

2. Une revision des conditions de travail a été faite, on recommande: (*a*) Un salaire minimum de $140 pour une infirmière enregistrée ayant un emploi permanent; (*b*) une semaine de quarante-quatre heures; (*c*) que les conditions de travail soient données par écrit à chaque infirmière acceptant un emploi permanent et soit signées par l'employée et l'employeur ou son représentant; un modèle de contrat a été préparé et distribué.

3. L'emploi d'un expert en relations du personnel a été autorisé.

4. Un fond a été établi, afin de défrayer les dépenses des délégués de chaque chapitre à l'assemblée annuelle.

L'Association des Etudiantes de la Colombie-Britannique: Les déléguées des sept écoles d'infirmières furent les invitées de l'association des infirmières enregistrées lors de l'assemblée annuelle. Aprés l'assemblée annuelle, l'association des étudiantes fut organisée et les dignitaires furent élues.

L'Association des I.E. du Manitoba: Un comité spécial a été organisé par le Ministre de la Santé et du Bien-Etre pour étudier les problèmes des hôpitaux ruraux concernant les écoles d'infirmières. L'A.I.E.M. a deux représentants sur ce comité.

L'Association des I.E. du Nouveau-Brunswick: Un nouveau chapitre a été organisé à Campbellton. Il y a une pénurie d'infirmières dans toutes les catégories du nursing. Le Sous-Ministre de la Santé désire avoir l'opinion de l'A.I.E.N.B. sur le projet de faire venir des infirmières d'Europe dans le but de les employer principalement dans les sanatoria. A date, aucune décision n'a été prise.

Le programme d'étude minimum pour les écoles d'infirmières sera revisé. L'association appuie les demandes de la "Children's Aid and Family Welfare Societies" pour que des moyens soient pris afin de venir en aide aux sous-doués, particulièrement les enfants.

L'Association des I.E. de la Nouvelle-Ecosse: Une enquête sur la sécurité économique pour les infirmières a été entreprise par les infirmières en service général. L'on a parlé pour l'admission aux écoles d'infirmières d'exiger le degré d'instruction demandé par l'université.

L'Association des I.E. de l'Ontario: Deux nouveaux registres pour infirmières ont été établis, ce qui porte le nombre des registres organisés dans l'Ontario à vingt-quatre.

Un mot du Sous-Ministre de la Santé nous est parvenu concernant l'admission en pays d'infirmières des Etats Balkaniques et de Pologne. Le comité de régie a émis l'opinion suivante: Que nous acceptions nos responsabilités envers les infirmières européennes en admettant au pays un certain nombre d'entre elles, pourvu qu'elles aient le même standard professionnel que le nôtre ou qu'elles acceptent de poursuivre leur formation jusqu'à ce qu'elles aient atteint ce niveau professionnel.

Un projet de loi pour amender la loi des infirmières incluant la formation et l'enregistrement des aides, a été présenté par le Ministre de la Santé au parlement. La loi dit que le nom de "Nurses Registration Act" sera changé en "The Nurses Act 1947."

Le comité de législation a préparé la première partie concernant les infirmières professionnelles. La deuxième partie concernant les aides devait être présentée avec la partie, lors de l'assemblée annuelle.

L'Association des I.E. de l'Ile-du-Prince Edouard: Le comité de législation a tenu plusieurs assemblées. Des copies des délibérations seront envoyées à chaque membre de l'association.

L'Association des Infirmières de la Province de Québec: La loi autorisant toute infirmière exerçant la profession à obtenir une licence est entrée en vigueur le 1er janvier 1947.

Les nouveaux quartiers de l'association sont spacieux, confortables et le travail en est facilité.

Bureau des Examens: Les membres de notre bureau sont très occupées à faire passer des examens (*a*) deux fois l'an conjointement avec deux universités de langue française, (*b*) deux fois également aux élèves des écoles d'infirmières de langue anglaise qui ont complété leur première année; un autre examen supplémentaire est tenu après six semaines pour les élèves ayant droit de reprise et (*c*) deux fois l'an aux élèves des mêmes écoles qui ont terminé les trois années d'études. Tous les préparatifs concernant ces examens sont faits à nos bureaux, ce travail a doublé depuis deux ans.

Infirmières au Danemark: Neuf infirmières du Danemark ont demandé à faire du service dans les hôpitaux de Montréal durant l'année. Il a été nécessaire de conclure des arrangements spéciaux à ce sujet, pour la durée de leur séjour au pays.

Secours aux Infirmières Anglaises: Des cretonnes, des carpettes et couvre-lits, produits de l'artisannat québecquois, ont été envoyés à la maison de repos pour les infirmières.

Aides ou Auxiliaires: Un projet de loi a été préparé par notre comité. Nous espérons qu'il en résultera une loi concernant la préparation et la surveillance de ce groupe.

L'Association des I.E. de la Saskatchewan: On a fait appel aux bons offices de l'association dans bien des questions concernant les infirmières et le service. Nous espérons que le classement des hôpitaux de la province aidera à élever les standards du service hospitalier et des conditions de l'emploi.

Un barême de salaires minimum recommandé pour les infirmières d'hôpitaux fut appuyé par l'association. Des copies furent envoyées à toutes les directives des institutions de la province. Déjà un certain nombre d'hôpitaux ont adopté ces salaires.

Une nouvelle classification des employés civils comprenant les infirmières hygiénistes a eu comme résultat une nouvelle et meilleure échelle de salaires, non seulement chez les infirmières au service de la province, mais aussi chez les infirmières employées par d'autres agences sociales.

A la suite d'un accord, des honoraires uniformes pour les infirmières du service privé pour toute la province ont été fixés et approuvés par l'association. Les infirmières du service privé peuvent se procurer des cahiers de reçus au bureau provincial. Dans un certain nombre d'écoles, les élèves ont une journée de congé par semaine; il semble que l'institution de la journée de huit heures et la semaine de six jours est sur le point de se réaliser.

COMITE DU NURSING (HOPITAUX)

Un sous-comité a complété les plans pour une série d'articles sur la politique a l'égard du personnel. On a fait le choix de six livres sur différents sujets en nursing dont on a fait parvenir les titres à la convocatrice du comité du souvenir.

ANALYSE DU TRAVAIL

Comme travail préliminaire notre comité voulant trouver une technique pour analyser le travail propre à chacune des positions à l'hôpital, notre comité a pris des arrangements pour qu'une infirmière passe plusieurs jours à la "Hudson Bay House," Winnipeg. L'infirmière a observé deux analystes qui ont prêté leur concours à discuter les techniques diverses employées, les questionnaires et autres formules qui ont été préparées et employées par la Cie de la Baie d'Hudson. Nous croyons que ces formules peuvent être adaptées à nos besoins et employées pour évaluer le travail fait par les infirmières et autres membres du service hospitalier.

COMITE DU SERVICE PRIVE

Les sujets suivants furent discutés lors des assemblées:

1. La nécessité qu'il y ait de meilleures relations entre les hôpitaux, les organisations publiques, et l'infirmière du service privé qui exécute dans son travail de tous les jours un programme de santé.
2. La nécessité d'un programme d'orientation pour l'infirmière du service privé qui va à l'hôpital faire du service général. L'entente serait meilleure et dans bien des cas l'infirmière deviendrait permanente.
3. La publication d'un bulletin de la convocatrice du comité et des registraires afin que les infirmières du service privé aient un contact plus étroit avec la registraire.
4. Que la convocatrice nationale du service privé considère la possibilité de se mettre en relation avec toutes les convocatrices provinciales, et les infirmières du service privé aux assemblées annuelles, dans le but de discuter de leurs problèmes.

Il n'y a pas encore assez d'infirmières pour le service privé, bien que la situation soit améliorée.

Une conférence pour les registraires des infirmières du service privé aura lieu à Hamil-

ton, Ont., les 9, 10, 11 juin. Cette conférence a lieu annuellement pour aider les registraires.

COMITE DE L'HYGIENE PUBLIQUE

A la suite du rapport publié récemment par la C.P.H.A. sur les salaires et la compétence du personnel en hygiène publique, une étude a été entreprise afin de comparer les données de ce rapport avec la situation actuelle. Le résumé de cette enquête sera analysé et envoyé à l'A.I.C.

Comme le "Canadian Public Health Association" a un comité chargé d'étudier, l'essentiel du nursing en hygiène publique et que le travail accompli par ce comité ressemble beaucoup à l'analyse du travail il a été résolu de s'en tenir à celà pour le moment.

COLIS POUR LA GRANDE-BRETAGNE

Mlle Frances Goodall, secrétaire générale du Collège Royal des Infirmières, envoie une lettre de remerciements pour les colis de nourriture reçus. La reconnaissance déborde, les secours reçus empêchent les infirmières âgées et malades de trop ressentir les effets du rationnement.

Nursing with UNRRA in Greece

(*Continued from page 446*)

mentioned here that the Greek graduate nurses are a well-trained, capable, and intelligent group. This shortage of graduate nurses means that a great deal of the nursing service is carried by practical nurses, who may or may not have had training for their work. UNRRA nursing section co-operated closely with the Greek Government and the Greek Nursing Advisory Committee in working out a plan to provide a more adequate supply of nurses. Recruitment of student nurses to existing schools was promoted. These schools, however, although their standard of training is high, were far too few, there being only three in Greece, and these all situated in Athens. In April of 1946 a new school of nursing was opened on Mitylene Island, one of the larger islands in the Aegean Sea, and plans were being made to open two more on the mainland. A great deal still requires to be done, however, to improve conditions of work, salaries, and general welfare of the nurses in Greece. The chief of our nursing section, Miss Olive Baggallay, a very able English nurse, worked closely with the Ministry of Health and Greek Nursing Advisory Committee in drafting a Nursing Law. If passed, this will provide for a nursing section within the Ministry of Health and will improve the status and living and working conditions of all nursing personnel.

UNRRA nurses assisting in Greek hospitals found a great variation in conditions. In some institutions, standards of care were high considering the many difficulties under which the staffs worked, while in others they were low. Among the hospitals in Athens there were some which compared favorably with good Canadian hospitals. Generally the hospitals were very overcrowded. For example, I have seen patients being cared for on stretchers in corridors, two patients in one bed, and men and women occupying the same ward. Sanitary facilities, kitchens, and laundries were usually very inadequate. In many of the provinces, hospitals were being run without graduate nurses. Greek Red Cross volunteers, who gave splendid service during the years of war and occupation, in many instances continued to give their services in hospitals. All these volunteers had had an organized course of training, many of them in the Greek Red Cross Hospital in Athens, a modern, well-equipped, well-organized hospital. In the urban capital area, where there is a large percentage of the hospital and public health facilities, teaching courses for graduate nurses, in both the hospital and public health fields, were conducted by UNRRA nurses. In addition, many classes for practical nurses in hospitals and clinics were given throughout Greece. Usually a Greek graduate nurse worked with the

Outdoor school

UNRRA nurse in teaching the practical nurses and following through on the teaching.

In the rural areas where UNRRA nurses worked they co-operated closely with local health officers and doctors and nurses in any existing health organizations. They conducted classes for practical nurses, carried on a program of village visiting with follow-up of health problems, promoted immunization campaigns, stimulated the formation of village health committees, and supervised the distribution and use of UNRRA medical supplies and drugs. Whenever possible Greek graduate public health nurses were employed by UNRRA to assist the imported UNRRA nurses. It was the hope that these Greek nurses would carry on this work after the withdrawal of UNRRA, as one of the greatest needs in Greece is the development of public health work. The Ministry of Health and agencies carrying public health work, such as the Greek War Relief and Patriotic Foundation, are all aware of the need for the development of public health and plan to extend their programs as much as possible.

At present, the small number of public health nurses who are doing district visiting have great difficulties and frustrations to face in their work. They have not the health and social facilities to turn to which we have in our country. Picture the family visited by an UNRRA nurse in the company of a Greek nurse whose district was in one of the poor suburbs of Athens. A sister and a brother, orphans of eighteen and twelve respectively, lived alone in a small one-roomed hut, very sparsely furnished and with one cot only. The sister was suffering from tuberculosis in its last stages. At night the young brother slept on the floor beside his sister, and during the day sold cigarettes on the streets of Athens to earn money for their food. Examination showed him to be suffering from adenitis. It was impossible to obtain a bed in a sanatorium for the sister as the waiting lists for tuberculosis sanatoria are hopelessly long. This is just one example of the many problems faced by a public health nurse in Greece today.

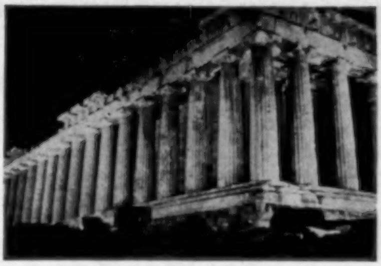
In the rural areas of Greece conditions are still very primitive. UNRRA personnel in country districts had many strange experiences and had to accustom themselves to many inconveniences. Sanitary facilities are often just lacking. The roads are narrow and winding and in very bad repair, and bridges which had been blown up all over the country are only gradually being rebuilt. A jeep is the best means of transport, but many villages cannot be reached by jeep, and travel by donkey on a wooden saddle becomes necessary. The donkey is the common beast of burden. He is seen all over, in cities and country, laden with heavy loads of wood, or hay, or barrels of water, etc. Although signs of distressing poverty are still seen, especially in the villages, conditions had improved a great deal by the summer of 1946. People appeared to be better dressed and better fed. In villages which had been burned out by the Germans, homes were being rebuilt either under the shelter program or through the efforts of the

Plowing in Central Greece

villagers themselves. Great improvement had resulted from the extensive D.D.T. spraying program. The malaria incidence and the menace of flies and other pests were greatly reduced. Of all these results the population was most appreciative.

Very great suffering resulted from the financial inflation which prevailed. The disparity between the income of the average worker and the cost of living often seemed almost hopeless. When I first went to Greece, the drachma, the standard of Greek currency was 148 to the dollar, and when I left it was 5,000 to the dollar. To some extent high costs were due to the difficulties in transport. Truck transport is still in short supply; shipping is below its pre-war level; and railway communications are only being re-established gradually. The streetcars and motor-buses in Athens were fantastically jammed, with people hanging on outside and barefoot boys sitting on the bumpers. Many of the buses looked as if they were about to disintegrate at any moment. During the years of war and occupation the population of Athens was greatly increased with people coming in from the rural areas. In Athens itself one did not get a full appreciation of the food shortage, as the farmers brought their produce to the cities where they commanded better prices, and consequently the markets seemed to have plenty of meat and vegetables.

Greece is truly a beautiful country with its miles of sea coast, its mountains and valleys, groves of gnarled olive trees, fig and orange trees, and its fields of grape-vines. But many parts of it are stony and barren and one can see why the country is so poor. The beautiful sparkling blue of the Mediterranean sea and sky has not been exaggerated and is a perpetual delight. The villages, nestling in valleys or on mountain sides with their small white-washed, tile-roofed houses, look very picturesque. The shepherds in their picturesque garb, tending their flocks of goats and sheep, give a romantic note to the landscape.



The Parthenon

Athens is well described in Milton's words as "the eye of Greece." All the Greeks love and are proud of their capital city, with its beautiful historical landmarks such as the Temple of Zeus, and the Acropolis with its superb Parthenon and other temples. All through Greece one may visit the ruins of ancient civilizations such as Mycenae, Delphi, Epidaurus, Old Corinth, Knossos, etc. These are most fascinating places to visit, and only after seeing them does one realize why Greece is referred to as the cradle of civilization. The Greeks are a keen-minded, intelligent people, and are naturally very proud of their ancient history. It would be hard to find a people more interested in politics. One may hear even small boys talk politics on the streets. As has been observed many times before, the Greek people seem to find it difficult in times of peace to unite their efforts and work toward the common good. After putting up such an heroic struggle during the war and living so courageously through such terrible days, it is to be hoped that now they will be able to join together in a united effort to work out a better and brighter future for their country.

Vaccination in the USSR

The 150th anniversary of Jenner's discovery of vaccination against smallpox was recently celebrated by the Soviet medical world. Vaccination is strictly enforced in the Soviet Union since the time of Lenin's decree which made it compulsory. Vaccination is performed before the age of one year and subsequently repeated at 4, 8, and 18 years.

STUDENT NURSES PAGE

So It's Your Graduation Day

BETH LAYCRAFT

SO IT'S YOUR GRADUATION DAY! Welcome, "Miss Nightingale," to our sisterhood.

Three years finished! When you started you didn't think they would ever end, did you? And they flew past so quickly you can hardly believe it. I know you might not do it again, but I know, too, that you wouldn't have missed it. Now you have the nurse's stamp. Come what may, you will always be a nurse. My mother, also a nurse, says that cupid is the only one who takes a nurse from nursing and he only borrows her. Even as a housewife she is still a nurse. Indeed, time and circumstance often bring her back into the field.

You will be lonely in this new life as a graduate nurse. For three years you have lived intimately and vitally with your classmates. You worked together and you groused together of your common grievances. You studied together and you played together. You shared your thoughts and probably your clothes and maybe even your boy friends. Your interests were common, your viewpoints united. Now it will be very different. The dear intimacy of your training days is gone forever and first thing you know you will find yourself discontented, vaguely unhappy.

What to do about it? Expand, my dear "Miss Nightingale." Broaden out. What of your hobbies? What of the community clubs and activities? What of your other friends? (Almost forgot you have any who aren't nurses, didn't you?) Don't let nursing and nurses be your whole life. Remember you aren't only a nurse but a person and a citizen living in a broad and interesting society.

Now that you have graduated and written your R.N. examinations and think your studies have ended, you will really start to learn. You may decide to specialize in the field of your choice or you may prefer general or private duty. But whatever you do, *don't stop learning!* Nothing is sadder than the nurse whose education stopped at her graduation. Know about the new drugs and how they are used. Know the new treatments. What are the trends in nursing education? in nursing legislation? This is an age of progress. Keep abreast of it.

And I want to advise you new graduates to be weaned from your training school. Of course each of us knows that *our* training school is the best, (Heaven forget and forgive the things we said about it when we were there!), and we tend to think the other schools are inferior and the other ways all wrong. But remember, every school trains both good and bad nurses. It is something in *you* and not in your school of nursing which determines your degree of success. If you wish to work in your home hospital you will serve it better by leaving it for a time. You will be amazed how much you will learn and how your tolerance will grow

THE CANADIAN RED CROSS SOCIETY
QUEBEC PROVINCIAL DIVISION

◆

NURSING OUTPOSTS
TERMS OF EMPLOYMENT OF NURSES

Salary:

1. Registered Nurses with Public Health qualifications: $1,500 per annum with annual increment of $100 to a maximum of $2,000 per annum.

2. Registered Nurses with Hospital or Private Duty experience only, $1,380 per annum, with annual increment of $60 to a maximum of $1,800.

Maintenance:

Complete maintenance is provided by the Red Cross. At each of the six Outposts now operating in the Province of Quebec there has been completed or in process of construction a Clinic Centre with residential quarters for the Nurse or Nurses.

These buildings all have central heating, running hot and cold water, drainage, refrigeration, and wired for electric lighting.

Maintenance includes domestic help, food and lodging, drugs and supplies, and all the expense of operating the centre.

Transportation in the area is provided; in some areas by automobile in summer and/or by hired vehicle with driver.

Holidays:

One month away from the duty Post, approximately every six months, viz: two months in each year. One half of the two-month period to be spent in study or experience approved by the Red Cross Society. Should such a study period be taken at a centre which is not the holiday home of the Nurse, maintenance will be paid by the Red Cross.

Transportation to and from the Duty Post:

When first going on duty and subsequently at each holiday period the Red Cross Society will pay cost of transportation as between either Montreal or Quebec and the duty Post.

For further information apply to:

The Canadian Red Cross Society
Quebec Provincial Division
3416 McTavish St.
Montreal 2, Quebec

after six months in another hospital. Of course, the more it differs from your own school the more you will benefit from its experience.

The most important thing in nursing is not the letters R.N. after your name (aren't you proud of them?), nor your sterile technique, nor the accuracy with which you remember the details of each nursing procedure. The thing that matters most is the response you get from each patient.

Don't misunderstand me. The things such as techniques, ethics, procedures, etc., which filled your training days, are very important. Your application of them is essential. Let them become automatic. But your care of each patient — let that be fresh and new each day. We can't put down a set of rules for accomplishing this. As the personalities of nurses vary, so will their methods. But the basis is love, understanding, and the respect of every patient as a separate person with his own peculiar problems. Regardless of age, race, creed, or wealth you must respect each as an individual. You, his nurse, meet him in a crisis when the things which give him security and stability may be seriously threatened, when pain, fear, and apprehension fill his day. How will you handle him? How will you help him? Give generously of yourself. It will play an important role in his recovery and make your name blessed in his memory. Those little extra things, beyond the line of duty, really matter. It may be only a word of praise or encouragement. Give them when you can. The other day an old woman told me proudly, "When Jim was born I had pains for two days and the nurse told me I was one of the pluckiest cases she ever had." These words, which might so easily have been left unspoken, have been treasured half a century.

With your graduation you have accepted a new responsibility to society — service. It may take you to the lonely outposts of civilization. It may place unexpected duties and obligations upon you for which you may not feel suited or qualified. Its routine may bore you. You may be over-worked and very lonely. The reward is certainly not wealth and certainly not fame (to most of us anyhow). But to the good nurse there comes a something that is rich reward indeed. It is filling the gap when the need is desperate, seeing the life nearly gone come back under your skilled care. It is being a source of strength and hope in time of trouble. It is a deep inner satisfaction and its coming will be written plainly on your face.

A Nurse's Prayer

O word of God, I dedicate for Thine Own Sake,
Myself to Thee, for this great work I undertake.

Take Thou my eyes, and teach me how to see
The clearest way to nurse the sick for Thee.

My hands — guard them, and show me how to prove
How kind and gentle is a nurse's love!

Take Thou my feet, give swiftness to their tread,
In answering every call from the poor sufferer's bed.

Touch Thou my lips, guard Thou my tongue,
Uttering only words of kindness to each one.

O Lord, I pray that, coming face to face with death,
I may have faith and hope with each one's dying breath.

And, when I am a night nurse, please to guide
My actions. Be near my patients and watch by my side.

O Lord, I ask Thee, hear me while I pray;
Be in me, through me, with me, all the way.

Getting the air, Sis?

A girl's first dance of the evening *may* be her last if she's guilty of underarm odor. That's why it's wise to go places with Mum and *stay* nice to be near.

Mum—better because it's Safe

1. **Safe for skin.** No irritating crystals. Snow-white Mum is gentle, harmless to skin.

2. **Safe for clothes.** No harsh ingredients in Mum to rot or discolor fine fabrics.

3. **Safe for charm.** Mum gives sure protection against underarm odor all day or evening.

For Sanitary Napkins. — Mum is gentle, safe, dependable . . . ideal for this use, too.

Special to Public Health Nurses: Mum's Personal Grooming programme now includes "Grooming For School" charts and leaflets. Write, for your copy.

Product of Bristol-Myers Company of Canada Ltd.
3035 St Antoine Street, Montreal 30, Que.

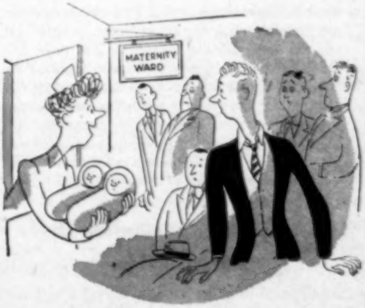
"Finger on the PULSE"

Personality plus longer life. The Gilbergs of Ottawa bought a duck to fatten up for a Sunday dinner. But the duck had personality. He caressed the boss with his beak, went swimming with the kids, got housebroken. Result: ducked the roasting pan.

Novel switch. Six Boston housewives were fined $10 each for playing poker on Sunday. The complainants—their husbands.

Double take. Beatrice and Dorothy Senkoff, sisters, married Robert and Murray Berken, brothers, two years ago. They lived in the same apartment house. Recently, they went to a hospital in the same ambulance and gave birth to daughters. All six Berkens are fine.

The wayward tailor. An Ontario tailor had been missing, and nervous customers began to wonder when they would get their suits back. Meantime, the Police and Fire Chiefs took turns in the tailor's shop returning the goods. The search ended when police announced he was located in the Hamilton jail. He's doing 30 days on a drunkenness conviction.



"Who was here first?"

UNIVERSITY OF TORONTO
SCHOOL OF NURSING

Session 1947-48

I. The Basic or General Course in Nursing: 5 years (4⅗ calendar years) in length; leads to Degree of B.Sc.N. and gives also a qualification for general practice in public health nursing; qualifies fully for nurse registration. The candidate remains as a student in her University School throughout the entire course (with practice in the wards of the surrounding hospitals). The entrance requirement is senior matriculation (Ontario Grade XIII).

II. Courses for Graduate Nurses: (Entrance requirement: Junior Matriculation). These are one-year Certificate courses as follows:

Nursing Education: General (preparation for teaching).

Nursing Education and Administration: An advanced course.

Public Health Nursing: General.

Public Health Nursing: Advanced courses in Administration and Supervision, or other specialty.

Clinical Supervision in:
(a) Medicine
(b) Surgery
(c) Obstetrics
(d) Paediatrics
(e) Operating-room procedure
(f) Psychiatry or other specialty as selected.

Note: In Clinical Supervision the student chooses one of the above as her field of study for the entire year.

III. A Special Arrangement for Graduate Nurses: Whereas a candidate with senior matriculation standing may register in the Faculty of Arts of this University and complete the Pass course in Arts in 3 years, and, whereas some of the subjects of this Pass course in Arts are identical with certain subjects included in the above Certificate courses, it has been arranged that a graduate nurse who registers in this Pass course in the Arts Faculty may register at the same time in this School and, during the same 3 years, cover the requirements for the Certificate in one of the courses as described above, except that the courses in Clinical Supervision are not included in this arrangement.

For information and calendar apply to:

THE SECRETARY

Vision Tests

In the school health programs in Ontario, vision tests are carried out on:

1. All pupils on admission to school.
2. Pupils in Grade IV and other children in the age group 9-10 years annually.
3. All pupils before leaving elementary school.
4. All pupils known to have defective vision, annually, whether or not glasses have been prescribed.
5. Individual pupils brought to the attention of the nurse at any time by the parent, teacher, or other interested persons.

Book Reviews

Essentials of Pediatrics, by Philip C. Jeans, M.D., Winifred Rand, R.N. and Florence G. Blake, R.N. 627 pages. Published by J. B. Lippincott Co., Medical Arts Bldg., Montreal 25. 4th Ed. 1946. Illustrated — 9 in color. Price $3.75.

Reviewed by Patricia Raymond, Supervisor, Pediatrics Department, Royal Victoria Hospital, Montreal.

This text is one which any student of pediatrics knows well. Now, with the addition of a new author, and the insertion of several new chapters, it becomes a *must* in every hospital library, and in the collection of everyone dealing with the nursing of children in any capacity. The new chapters give the book added interest as well as much advanced information on current topics of study.

This fourth edition, as were its predecessors, is in the curriculum for schools of nursing prepared by the National League of Nursing Education. Now presented in unit form, double column with functional running-heads, it makes for clearer and easier study. There has been included more nursing care, also added chapters on diseases of the blood, of the eye, and the glands of internal secretion, in an interesting and comprehensive manner. The wider interpretation of skilful nursing techniques is given some thought. In the opinion of this reviewer, this will be of immeasurable value to those not coming in contact with the more uncommon conditions found in general pediatric nursing. The most

FROM A CLINICAL POINT OF VIEW-----

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can be prescribed in cases where mild laxative and gastric antacid action are indicated as in

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PEPTIC ULCER HYPERACIDITY

As a laxative: gentle and smooth-acting without embarrassing urgency.

As an antacid: Contains no carbonates, hence no discomforting bloating. Affords effective relief.

DOSAGE:

Laxative: 2 to 4 tablespoonfuls
Antacid: 1 to 4 teaspoonfuls, or 1 to 4 tablets

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Liquid	Tablets
4 oz. bottle	box of 30's
12-oz. bottle	bottle of 75's
26-oz. bottle	bottle of 200's

PHILLIPS' MILK OF MAGNESIA

prepared only by THE CHAS. H. PHILLIPS CO. DIVISION *of Sterling Drug Inc.,* 1019 Elliott St. W., Windsor, Ont.

advanced information and methods of treatment are concisely and accurately presented.

Another feature, a part of nursing often overlooked or mishandled, is the adept manner in which nurse-child relationships are interpreted. These are introduced at intervals throughout the book as well as having a chapter devoted entirely to the "child and the admitting office," etc.

Excellent illustrations, particularly demonstrations of the various restraints in use, complete the text and make it a good one to have on your nursing library shelves.

Practical Nursing. An analysis of the practical nurse occupation with suggestions for the organizations of training programs. 144 pages. Published by Federal Security Agency, Office of Education. For sale by the Superintendent of Documents, Washington 25, D.C. 1947. Illustrated. Price (in U.S.A.) 55 cents.

Under the auspices of the Vocational Education Division of the United States Office of Education, a representative and highly qualified group of persons has drawn up the most detailed analysis of the activities and requisite training of practical nurses that has yet been prepared.

"The analysis . . . represents the best professional judgment . . . regarding the nature of the job of the practical nurse and the skills and knowledge which she should possess in order to work effectively in her occupation without endangering her own safety or the safety of the general public."

The practical nurse is defined as "a person trained to care for subacute, convalescent, and chronic patients requiring nursing services at home or in institutions, who works under the direction of a licensed physician or a registered professional nurse, and who is prepared to give household assistance when necessary."

The analysis outlines, with meticulous care, what the practical nurse must be able to do; what she must use in the way of equipment and supplies; what she must know. Deliberately, no specific suggestions regarding curricula for schools of practical nursing are included in this outline. Nevertheless, this available information should be valuable as a guide to all of those persons who are engaged in the training or supervision of practical nurses. The registered nurses who are concerned with the problems related to the licensure of this group will find the analysis very helpful in setting up standards.

Holiday . . .

IN THE LAURENTIANS!

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situated on Blue Sea Lake in the Laurentian Mountains, 80 miles north of Ottawa, affords a splendid opportunity for a real rest, as well as a most enjoyable holiday at very reasonable rates.

Good meals. Good bathing beach for either beginners or full-fledged swimmers. Hot and cold running water. Very large living-room with boulder fireplace. Hot air heating for the cool mornings and the late Fall evenings. Nurse guests have the privilege of introducing friends.

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MRS. W. B. MacDERMOTT, 216 METCALFE ST., OTTAWA, ONT.

Illustrations of Anatomy for Nurses, by E. B. Jamieson, M.D. 64 plates plus index. Published by E. & S. Livingstone Ltd., Edinburgh. Canadian agents: The Macmillan Co. of Canada Ltd., 70 Bond St., Toronto 2. 2nd Ed. 1946. Price $2.00.

Reviewed by Isabel Lane, Instructress, Victoria Public Hospital, Fredericton, N.B.

Several of the illustrations in this book should be of value to the instructor, and could be used to supplement the material in the anatomy and physiology texts: e.g., the upper surface of the base of the skull, showing the position of the inner ear; the section of the eyeball; the coronal section of the vagina, uterus, and uterine tube; the vessels and nerves of the superior mediastinum.

The illustrations are brightly colored and carefully labelled. A few might be too complicated for the student, but most of them should be simple enough to be very helpful.

If the book were about four times as large and had a stiff cover, it would be much more useful for classroom demonstration.

Katharine Kent, by Mary S. Gardner, A.M., R.N. 298 pages. Published by The Macmillan Co. of Canada Ltd., 70 Bond St., Toronto 2. 1946. Price $2.75.

"Remember that, however rough the road, if your wagon is hitched to a star, as it must needs be if you are to fulfil your true destiny, failure is impossible — for the pull of a star is the most powerful thing known for those who are willing to entrust themselves to its impelling force."

The star to which Katharine Kent hitched her wagon on her graduation night and how its beacon light guided her through thirty years of strenuous activity in public health nursing is interestingly and stirringly told in this novel by Mary Gardner, the tried and true friend of public health nurses the world over. Miss Gardner assures us the book is neither a biography nor an autobiography. That matters not a whit. What is of significance is the vital picture she has portrayed of the growth and development of this branch of nursing in the United States during a quarter of a century. As a source of inspiration to student nurses, to young nurses in their first adventures in public health nursing, to supervisors and administrators, the story unfolds with conviction and the sure touch of an understanding leader.

Katharine Kent's early, baffling struggles in a single nurse district, her growth in a large organization, her courage in the face of physical injury that threatened to wreck her pro-

fessional activity, her rise to positions of responsibility and leadership are interwoven with warm colors of friendship and affection. In no sense a textbook, the story teems with illustrations of the right kind of objective thinking which has been an intrinsic part of the contribution the leaders in public health nursing have made. You will enjoy reading it!

Manuel des Questions et Réponses d'Examens des Gardes-Malades. Compilation de Mlle Charlotte Tassé de la revue, *La Garde-Malade*. Revision de Rév. Soeur Paul du Sacré-Coeur des Soeurs de la Providence et de Mlle Laguë de l'Hôpital St-Luc. 1264 pages. Publié par Les Editions Lumen, 494 ouest, rue Lagauchetière, Montréal 1. 1946. Prix $5.75.

Revue par Suzanne Giroux, Visiteuse officielle des Ecoles d'Infirmières, l'Association des Infirmières de la Province de Québec.

Les manuels de questions et réponses ne sont pas bien vus ordinairement en milieu pédagogique. L'élève peu studieuse au lieu de s'en servir comme aide mémoire ou pour récapituler une matière, se fie sur un de ces manuels pour passer des examens sans avoir approfondi ses matières.

Après avoir lu ce manuel de questions et réponses, j'en suis venue aux conclusions suivantes: ce livre peut rendre de grands services lors de la récapitulation de certaines matières. Les tableaux synoptiques, les différents caractères d'imprimerie, la disposition montrent bien l'expérience pédagogique des personnes ayant eu la charge de la revision.

Toutes les parties du livre à mon avis n'ont pas la même valeur — la plupart sont excellentes, quelques-unes plus faibles. Il est difficile qu'il en soit autrement dans un livre de ce genre. Il en est de même pour certains traitements indiqués dans ce livre — préconisés par certains médecins, ils peuvent être condamnés par d'autres.

L'élève devra toujours analyser ces réponses et voir si les principes du nursing sont à la base de ces traitements. Pour la première fois il y a des questions et réponses en chimie, c'est simple et clair. Pour conclure je dirai que ce manuel est plus qu'un aide-mémoire; il est en quelque sorte une synthèse du cours théorique de l'infirmière. Ce manuel témoigne des progrès réalisés dans l'enseignement aux infirmières; si la guerre en a retardé l'apparition, ce retard nous a peut-être valu un fruit plus mûr.

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LOANS AVAILABLE

The Canadian Nurses' Association is prepared to make loans, up to a maximum of **$500**, to any nurse in Canada, who is in good standing in her provincial registered nurses' association, to enable her to undertake post-graduate courses in nursing.

The loans are interest free for first three years; five years allowed in which to repay loan.

For full particulars and application forms, apply to:

CANADIAN NURSES' ASSOCIATION
1411 CRESCENT STREET
MONTREAL 25, QUEBEC

SCHOLARSHIP AWARD

The Alumnae Association of the **Kingston General Hospital** is pleased to announce that a Scholarship will be awarded this year, covering **$500**, to a member who has had at least one year's experience and who wishes to do post-graduate study.

Please state course desired and make application to:

Miss Ann Davis, Sec.
Nurses Alumnae
General Hospital
Kingston, Ontario

Note that applications will be received until *July 31, 1947.*

Nursing Sisters' Association

At a recent meeting of the *Kingston Unit*, the following officers were elected; President, Dorothy Riches, R.R.C.; vice-president, Ruth Peck, A.R.R.C.; secretary-treasurer, Grace Froats. Two hundred and fifty dollars was donated to the War Memorial Trust Fund. V. Hora was the unit representative at the International Congress of Nurses held at Atlantic City.

Toronto Unit: Through the kindness of Doris Kent, of Christie St. Hospital, a successful bridge was held at the nurses' residence, when forty tables were played. One hundred and twenty-five nursing sisters of World Wars I and II were present and approximately two hundred dollars was realized for the British Nurses Relief Fund. Receiving with Miss Kent were, the president, Ethel Greenwood; the past president, Mrs. G. Storey, and the social convener, Helen Howe.

At the annual meeting of the Toronto Poppy Fund a certificate was presented to the unit. Mrs. M. R. Carroll, convener of the Poppy Day Committee, is making plans for assisting with the annual Poppy Day.

The Thursday Red Cross group, which served all through the war, is still carrying on by making surgical dressings for out-post hospitals.

Ontario

The following are staff appointments to and resignations from the Ontario Public Health Nursing Service

Appointments: *Florida Dupuis* (Ontario Hospital, Hamilton; St. Joseph's Hospital, Hamilton; University of Toronto School of Nursing) as supervisor of public health nursing with Prescott and Russell health unit; *Dorothy Adams* (Winnipeg General Hospital; Toronto and McGill Universities) as supervisor of public health nursing with Lennox and Addington health unit; *Kathleen Lyne* (Hospital for Sick Children and University of Western Ontario certificate course) to Galt Board of Health; *Margaret Nicol* (University of Toronto diploma course) to Lambton health unit; *Norma MacPherson* (Toronto General Hospital and University of Toronto certificate course) to North York Township Board of Health.

Resignations: *Madonna* (*Hurtubise*) *Richer* (St. Michael's Hospital, Toronto, and University of Toronto certificate course) from Peterborough Board of Health.

More than thirty thousand veterans and widows of those who were on active service are receiving benefits under the War Veterans Allowance Act.

News Notes

ALBERTA

Once again the Division of Public Health Nursing of the Alberta Department of Public Health opened the spring season with its annual staff conference. Approximately fifty nurses attended, including District and Child Welfare Clinic personnel and, from April 8 to 10, the problems, both individual and collective, of the Division received a vigorous airing under the chairmanship of Director Jean S. Clark. Topics included in this year's program were: Dental problems of district nurses; handling of retarded children in home and school; rat surveys in western Canada; care of rheumatic fever cases in the home; work of the Council of Social Agencies; newer drugs; student field experience; nutrition surveys.

Included also on the agenda was the distribution of a new "Manual for Public Health Nurses," recently prepared as a general guide to the district nursing service in Alberta. Outlined in it are the history of nursing services under the Department of Public Health, the personnel policies of the Division, and a tentative program outline for the nurses in the field.

EDMONTON:

Royal Alexandra Hospital:

Mrs. W. Bowker was an interesting guest speaker at a meeting of the Royal Alexandra Hospital Alumnae Association, with the president, Mrs. N. Richardson, in the chair. Her topic was "The United Nations Society of Canada." Members were reminded that a shower of gifts for the bazaar would be held later on in the year.

MANITOBA

BRANDON:

At a recent meeting of the Brandon Graduate Nurses' Association plans were furthered for the raising of funds for the War Memorial Trust Fund, which has been established for the purpose of rebuilding libraries in schools of nursing in war-devastated countries. Mmes H. McKenzie and S. Durnin reported on the scholarship dance. Mrs. Jean Fargey's group was in charge of the program which included a showing of national films through the courtesy of the young men's section of the Board of Trade. Mrs. E. H. Hannah presided.

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Nursing Textbooks

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MEDICAL NURSING

By Edgar Hull and Cecilia M. Perrodin. 641 pages. 152 illustrations, including 10 colour plates and 38 charts. Third edition, 1946. $4.00.

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By Robert K. Felter and Frances West. 589 pages. 252 illustrations and 7 colour plates. Fourth edition, 1946. $4.00.

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NEW BRUNSWICK

MONCTON:

At a well-attended meeting of Moncton Chapter, N.B.A.R.N., Dr. George Parsons, anesthetist, addressed the members and demonstrated the new adult oxygen tent which has been donated to the hospital by the Nurses Hospital Aid. A box of food has been sent to the Dutch nurse adopted by the chapter. The St. Patrick's Day dance proved a great success.

SAINT JOHN:

A very successful telephone bridge was held by the Saint John Chapter, N.B.A.R.N. At the April meeting, Dr. Jean Webb, chief nutritionist with the New Brunswick Department of Health, gave an interesting talk on the science of nutrition and how this branch of health work is being developed in the province. Plans were made to send blankets to the Rest-Breaks Home at Barton-on-Sea, England, also for the annual vesper services to be held in Saint Mary's and in the Roman Catholic Cathedral.

The regular monthly meeting of the Public Health Section of the Saint John Chapter was held in the Y.M.C.A. on April 9. It took the form of a supper party in honor of Mrs. Olive Guilfryle who has retired from the staff of the V.O.N. The honor guest was presented with a lovely silver bracelet by Miss E. Barry on behalf of the members. Miss Ruth Thompson who has been recently added to the staff of the Child Welfare nurses was welcomed. Miss Thompson is a graduate of the Saint John General Hospital.

A letter of thanks was read from Miss Gertrude Ford our overseas nurse. Miss Margaret Pringle volunteered to send our overseas box this month.

The Saint John General Hospital Alumnae met in the Lecture Room, Nurses Residence with Miss Bea Selfridge presiding. Plans were made for the dinner dance and bridge to be held in the Admiral Beatty Hotel on June 11, in honor of the 1947 graduating class.

Miss Agnes D. Carson recently resigned from the staff of the Saint John Tuberculosis Hospital ending 53 years of active nursing service, having graduated from the Saint John General Hospital in 1894. Miss Carson received from the staff of the hospital a well-filled purse with the best of wishes on her retirement. Patricia Carson is now a patient at the Sanatorium, River Glade. Katherine Kincaide, of the staff of the Vancouver Unit of Tuberculosis Control, spent a month visiting in Saint John. Marion Myers, president, and Alma Law, secretary, N.B.A.R.N., attended the C.N.A. executive meeting in Montreal. Mrs. Fred Sterling (Frances Munroe) has recently taken up residence in Winnipeg, moving there from Calgary. Maryon Barker has accepted a position in Dr. George Skinner's office. Mrs. Handreer

and Miss Tracey were named delegates to the annual meeting of the N.B.A.R.N., to be held in Saint John on September 17-18. Mrs. A. W. Estey gave an interesting talk on glass and its history having many lovely pieces present.

Miss Cecilia Gleeson of the staff of Saint John General Hospital was delightfully entertained on the eve of departure for Sunny Hill, Leetsdale, Penna, where she will enter the D.T. Watson School of Physical Therapy which is affiliated with the University of Pittsburgh to learn the nursing care of poliomyelitis patients.

The intermediate class of the Saint John General Hospital school for nurses entertained friends at dancing in the reception rooms of the nurses residence recently. The guests were received by Miss Murdoch and Miss Peters. Refreshments were served and a very pleasant evening enjoyed.

ONTARIO

District 6

Belleville General Hospital:

It has been announced that the Women's Hospital Auxiliary will donate a scholarship of $500 to a member of the graduating class. The alumnae association has also agreed to sponsor a scholarship of $250 for 1947.

The B.G.H. School of Nursing is the first hospital school in Ontario to have a psychiatric affiliation for all of its students.

District 8

Ottawa General Hospital & University of Ottawa School of Nursing:

The Governor General and Viscountess Alexander of Tunis recently paid their first official visit to the General Hospital.

Rev. Sr. Marie Alban was elected superior of the hospital for a second term. Joan Stock replaces Helen O'Meara as associate director of post-graduate courses at the University School of Nursing. She was formerly in charge of the V.O.N. at Ste. Anne de Bellevue, P.Q. Miss O'Meara is now with the Department of National Health and Welfare.

QUEBEC

Montreal:

Mrs. Rutherford (McClusky) of the Alumnae Association of the Herbert Reddy Memorial Hospital has left Montreal to reside in Halifax. Mrs. P. Bisaillon takes her place as recording secretary. Miss Lillian Smith corresponding secretary is also in the Maritimes at present. Miss C. Martin has taken that office. Miss L. Hanson is assistant superintendent of nurses of the hospital, with Miss M. MacNeil as night supervisor, Miss T. Wood, supervisor of obstetrical floor, Miss T. Fletcher, supervisor of out-patients department, and Miss J. Purdy in charge of the nursery. Other members on the staff are: J. Stewart, D. Koivu. Miss H. Field is still on the staff of the Verdun Protestant Hospital.

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OFFICIAL JOURNAL OF THE
ROYAL COLLEGE OF NURSING

SASKATCHEWAN

PRINCE ALBERT:

Miss K. W. Ellis, registrar, S.R.N.A., visited the Prince Albert Chapter at a meeting in the Victoria Hospital in March. A very successful bridge was held at the home of Mrs. Broughton for the purpose of raising funds for the Cod Liver Oil Fund.

Miss E. Nicol has been appointed supervisor on the first floor, Holy Family Hospital.

REGINA:

The April meeting of the Regina Chapter was held at the Veterans' Convalescent Home. After the business meeting a tour was conducted throughout the building.

Grey Nuns' Hospital:

On April 17, the Alumnae's annual banquet was held in the nurses' residence as a reunion dinner for all the graduate nurses of this hospital. The tables were decorated with garnet and gold, the school colours. Approximately seventy-five nurses were in attendance, a 1915 graduate being the oldest graduate present. Student nurses, Miss J. Jewitt, pianist, and Misses M. Van de Sype and H. Doherty provided a pleasing program of music.

Recent additions to the staff are: Misses Purves and Miller as station nurses; Miss P.

Evans, women's surgery; Miss Demurs, nursery head nurse; Miss Borys, operating-room staff. Mrs. O'Byrne has left the operating-room staff to take up wifely duties in the country.

The Students' Council of the hospital held a spring tea in the reception room on April 23. The proceeds will help to finance their year book.

SASKATOON:

City Hospital:

Appointments to staff of the Saskatoon City Hospital: Mrs. Grace Barraclough (Thompson), part-time staff, and Margaret Cawsey (R.A.H., Edmonton) on children's ward.

St. Paul's Hospital:

The students held a very successful tea and bazaar during the month of April in the nurses' residence. Many articles which they had made were on sale. Misses R. Leier, F. McDonald, I. Mandin, M. O'Hara, D. O'Callaghan and L. Frantz served as hostesses with the students acting as serviteurs.

The staff is pleased to welcome Mrs. E. Atwell back to the pediatric ward. It was learned with regret that Joyce Stevens is a patient at the Saskatoon Sanatorium. Among recent visitors to the school of nursing were Dorothy Moore (St. P.H., 1945), now in Montreal, Dorothy Bonli and Rosella Breker (St. P.H., 1945), and Misses H. Ulsifer, L. Frantz from Calgary.

In April the supervisors of St. Paul's Hospital held their last meeting of the school year. The students entertained their classmates and instructors with an Easter program. A delightful lunch was served.

SWIFT CURRENT:

Sixteen members attended the April meeting of the Swift Current Chapter. Four special bed-side tables are to be purchased for the children's ward of the general hospital. Volunteers were chosen for the baby clinics for the month of April. Miss L. McColl described the services required of the graduate nurses as assistants at the tuberculosis survey to be held at Swift Current early in May. Mrs. E. Powley was named as convener of the committee. Dr. Thurston gave an informative talk on "Prevention of Abortion."

YORKTON:

Miss M. Crawford, assistant instructor in the Yorkton General Hospital School of Nursing, attended the conference of the schools of nursing in Saskatchewan in Regina last April. Miss D. Popow has taken over the duties of night supervisor of the General Hospital, and Miss V. Kruda, former night supervisor, has assumed the responsibilities of supervisor of women's surgical department. Miss N. McKenzie (S.C.H.) is supervisor of men's surgical department following the resignation of Mrs. S. Sorochan.

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Science Instructor. Surgical Supervisor & Instructor. Public Health Supervisor & Instructor. Operating-Room Supervisor. First & Second Assistant Night Supervisors. General Staff Nurses (initial gross salary for General Staff Nurses: $145.50 per month). Apply, stating qualifications, experience, and salary expected, to Supt. of Nurses, General Hospital, Regina, Sask.

Supervisor (experienced) immediately for 140-bed **Tuberculosis** Hospital. Salary: $165 per month, less $35 for suite in nurses' residence and full maintenance. Yearly salary increases. 8-hour day; 48-hour week. Generous sick pay allowance. Superannuation. 4 weeks' vacation at end of each year's service. **General Duty Nurses.** Commencing salary: $95 per month plus full maintenance. Apply to Supt. of Nurses, Winnipeg Municipal Hospitals, Man.

Medical-Surgical Supervisor for 80-bed hospital. Post-graduate experience preferred. Attractive salary; full maintenance; hospitalization; sick leave; holidays with pay. Apply to Supt., Norfolk General Hospital, Simcoe, Ont.

Pediatric Supervisor. 8-hour day; 48-hour week. A month's vacation and sick leave on salary after a year's service. Position open to person of experience and post-graduate work. Apply, stating year of graduation, all educational qualifications, experience, and references, to Supt. of Nurses, General Hospital, Winnipeg, Man.

General Duty Nurses for **Obstetrical** Nursing, including Nursery. 35-bed ward. Straight 8-hour duty. Salary: $100 plus maintenance. Apply to Director of Nursing, General Hospital, Belleville, Ont.

Classroom Instructress immediately for 125-bed hospital. Apply, stating qualifications, experience, and salary expected, to Supt., General & Marine Hospital, Owen Sound, Ont.

Instructor for Nursing Sciences only for August 1. Apply to Supt. of Nurses, Jeffery Hale's Hospital, Quebec City, P.Q.

Instructor or Supervisor for Nursing Administration Office. Special duties: supervising Nursing Aides and Orderlies, as well as assisting with Nursing Office duties. Apply to Supt. of Nurses, Toronto Hospital for Tuberculosis, Weston, Ont.

Classroom Instructress for 70-bed hospital. Apply, stating qualifications, experience, and salary expected, to Supt., General Hospital, New Waterford, N.S.

Public Health Nurses (3) for Elgin-St. Thomas Health Unit for work in County of Elgin. Salary: $1,500-1,800, according to experience, with annual increments to $1,800 maximum. Rural nurses are required to own car. Generous financial assistance toward car purchase is available. Annual car allowance, $550. Applicants should be prepared to start work on July 1. Apply to Miss E. Horton, Supervisor of Nurses, City Hall, St. Thomas, Ont.

Registered Nurses for **Children's** Hospital (new). New 45-bed wing to be opened during first week of July. 6-day week; 8-hour day. Gross salary: $140. British Columbia registration necessary. For further particulars apply to Supt. of Nurses, Children's Hospital, 250 West 59th Ave., Vancouver, B.C.

Nurses for permanent staff and summer relief during June, July and August for the R. W. Large Memorial Hospital of the United Church of Canada, located at Bella Bella on the B.C. coast, 300 miles north of Vancouver. Salary: $150 gross, less $25 maintenance. Fare paid to hospital. Apply to Matron, R. W. Large Memorial Hospital, Campbell Is. P.O., Bella Bella, B.C.

General Staff Nurses. Salary: $140 per month living out, plus laundry. Annual increment. **Operating-Room Nurses.** Post-graduate course essential. Salary: $145 living out, plus laundry. Annual increment. Accumulative sick leave. Hospitalization. Superannuation 31 days vacation. Statutory holidays. 8-hour day and 6-day week. State in first letter date of graduation, experience, references, etc., when services would be available, and whether eligible for registration in British Columbia. Please note that investigation should be made with regard to registration in B.C. Apply to Director of Nursing, General Hospital, Vancouver, B.C.

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Registered Nurses for **General Duty** for 150-bed sanatorium. Salary: $120 per month plus full maintenance. 6-day week; 4 weeks vacation with pay each year. Apply, stating date of graduation, age, experience, references, and when services would be available, to Supt. of Nurses, Niagara Peninsula Sanatorium, St. Catharines, Ont.

Registered Nurses (4) for **Staff Duty.** 8-hour day; 44-hour week; 5½ day week. Gross salary: $136.50 per month. For further information apply to Miss E. W. Ewart, Supt. of Nurses, Mountain Sanatorium, Hamilton, Ont.

Registered Nurses for **General Staff** at Tranquille Sanatorium, which is situated on Kamloops Lake, near Kamloops, B.C. Gross salary for 8-hour day, 6-day week: $146.11 per month during 1st year; $156.11 per month during 2nd year; and a $5.00 per month raise in 3rd, 4th, and 5th years of service, minus $27.50 monthly for board, room and laundry. 31 days vacation per annum with pay, plus 11 days statutory holidays. 14 days sick leave each year, accumulative, with pay, plus 6 days incidental illness. Superannuation plan. Up to $50 of fare refunded. Apply to Supt. of Nurses, Tranquille, B.C.

General Duty Nurses at $110 per month plus full maintenance. **Nursery Supervisor** at $115 per month plus full maintenance. **Assistant Obstetrical Supervisor** at $115 per month plus full maintenance. Apply to Supt., County General Hospital, Welland, Ont.

Obstetrical Supervisor for Royal Columbian Hospital, New Westminster, B.C. State qualifications, experience, and date of graduation in first letter. Apply to Supt.

Graduate Nurse, with **Public Health** certificate, for Nursing Service in Secondary Schools, Apply, stating qualifications, experience, age, and other particulars, to Miss Mollie Towers. Sec., Board of Education, Sault Ste. Marie, Ont.

Public Health Nurses for Bruce County Health Unit. Minimum salary: $1,600 with provision for yearly increases. Vacations with pay and sick leave allowance. Mileage allowance or car supplied, as desired. Apply to Dr. Wm. Fowler, Director, or Miss Florence Greenaway, Supervising Nurse, Bruce County Health Unit, Walkerton, Ont.

Graduate Nurses immediately for completely modern hospital. All-graduate staff. Commencing salary: $125 per month plus board, residence and laundry. 8-hour day with 1 day off per week. A month's vacation with pay after a year's service. Fare allowance not exceeding $60 refunded at end of 12 months. Apply, stating experience, to Matron, General Hospital, Prince Rupert, B.C.

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Assistant Superintendent. State qualifications and salary expected. **General Duty Nurses.** 6-day week. Hospitalization Plan. Salary: $100 per month with full maintenance. Apply to Supt., Brome-Missisquoi-Perkins Hospital, Sweetsburg, P.Q.

Nursing Arts Instructor. Also **Ward Supervisor** for Medical and Surgical Unit. 100-bed General Hospital in Western Ontario. Apply, stating qualifications, experience, salary expected and date of availability, to Administrator, General Hospital, Woodstock, Ont.

Classroom Instructress for 100-bed hospital. Apply, stating qualifications and when services available, to Supt. of Nurses, Sherbrooke Hospital, Sherbrooke, P.Q.

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Clinical Supervisor for 150-bed hospital. Student group of 46. For particulars apply to Supt., General Hospital, Medicine Hat, Alta.

Obstetrical Supervisor for 80-bed hospital. Post-graduate experience preferred. Full maintenance provided, hospitalization, sick leave, holidays with pay. Apply, stating salary expected, qualifications, and date available, to Supt., Norfolk General Hospital, Simcoe, Ont.

Graduate Nurses for **General Duty** in 100-bed hospital. 8-hour day; 1 extra day per month. 1 month vacation after 1st year. 2 weeks' sick time. Good train or bus connection between Toronto or Montreal. Full maintenance. Salary: $100 per month. Apply to Supt., General Hospital, Cornwall, Ont.

Public Health Staff Nurses for St. Catharines-Lincoln Health Unit. Initial salary: $1,650 to $1,800 per annum, depending on experience. Annual increase to $2,000. Rural districts car supplied or car allowance. Apply to Director of Nursing, Municipal Bldg., St. Catharines, Ont.

Nursing Arts Instructor and **Science Instructor.** Psychiatric experience preferable but not essential. Apply, stating qualifications, experience, salary expected, and date of availability, to Supt. of Nurses, Provincial Mental Hospital, Ponoka, Alta.

Nurse with **Public Health Training** by September 1 for Child Welfare Association of Montreal. Initial salary: $150. Apply to Executive Director, Child Welfare Association, 1421 Atwater Ave., Montreal 25, P.Q.

Graduate Nurses for **General Duty** in 350-bed **Tuberculosis** Hospital. Salary: $100 per month with full maintenance. 6-day week. Good living conditions. State in first letter age, date of graduation, experience if any, and date available for duty. For further information apply to Miss M. L. Buchanan, Supt. of Nurses, Royal Edward Laurentian Hospital, Ste. Agathe des Monts, P.Q.

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Numerals indicate office held: (1) *President, Provincial Nurses Association;* (2) *Chairman, Committee on Institutional Nursing;* (3) *Chairman, Committee on Public Health Nursing;* (4) *Chairman, Committee on Private Duty Nursing.*

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A.A., Lamont Public Hospital

Hon. Pres., Miss F. E. Welsh; Pres., Mrs. A. Southworth; Vice-Pres., Miss K. Stewart, Mrs. C. Craig; Sec.-Treas., Mrs. B. I. Love, Elk Island National Park, Lamont; *Executive*, Mmes M. Hawkey, R. Shears, J. Sheremata; *Social Conveners*, Miss J. Graham (Edmonton), Miss R. Christensen (Lamont); *News Editor*, Mrs. Barry Cooper.

A.A., Vegreville General Hospital

Hon. Pres., Rev. Sr. Anna Keohane; Hon. Vice-Pres., Rev. Sr. J. Boisseau; Pres., Mrs. W. Zeir; Vice-Pres., Mrs. D. Triska; Sec.-Treas., Mrs. T. Umphrey, Box 253; *Visiting Committee* (chosen monthly).

BRITISH COLUMBIA

A.A., St. Paul's Hospital, Vancouver

Hon. Pres., Rev. Sr. Catherine de Bologna, Superior; Hon. Vice-Pres., Rev. Sr. Columkille, Supt. of Nurses; Pres., Mrs. D. Mackenzie; Vice-Pres., Mrs. W. Lane; Sec., Mrs. W. Murray, Ste. 300, 1209 Jervis St.; Assist. Sec., Miss M. Brown; Treas., Miss C. Connon; Assist. Treas., Miss M. Abercrombie; *Committees: Emergency & Sick Benefit*, Miss B. Coll (conv.), Misses K. Flahiff, G. Corcoran; *Ways & Means*, Mmes M. Banner, E. Miller, Miss E. Black; *Refreshment*, Misses J. Blacklock, E. Cronkite, E. McGee; *Visiting*, Misses K. Flahiff, Otterbine; *Sports*, Misses D. Vandenbergh, H. Clegg, M. Heaps; *Program*, Mrs. Peel, Misses Giesbrecht, M. Bell; *Editor*, Miss E. Baker; *Assist. Ed.*, Mrs. Barnes; *Rep.* to *The Canadian Nurse*, Miss B. Facchin.

A.A., Vancouver General Hospital

Hon. Pres., Miss E. Palliser; Pres., Mrs. M. W. Bakkan; Vice-Pres., Misses D. Jamieson, J. Walters; Rec. Sec., Miss N. Rendell; Corr. Sec., Miss Mary Burns, 1711 E. 59th Ave.; Treas., Mrs. M. Faulkner, 587 W. 18th Ave.; *Committee Conveners: Membership*, Miss P. Wilson; *Social*, Mrs. V. E. Feimann; *Program*, Miss M. Richmond; *Refreshment*, Mrs. M. Bracey; *Publicity*, Mrs. H. Scott; *News Letter*, Miss E. McCann; *Visiting*, Mrs. B. Nesbitt; *Tea Room*, Mrs. L. Findlay.

A.A., Royal Jubilee Hospital, Victoria

Pres., Miss P. Barbour; Vice-Pres., Mmes B. McKinnon, G. Duncan; Sec., Miss R. Kennedy, 22 Wellington Ave.; Assist. Sec., Miss M. McLeod; Treas., Miss P. Harwood, R. J. H.; *Committee Conveners: Press*, Mrs. Conyers; *Visiting*, Miss M. McMillan; *Membership*, Miss Peters; *Social*, Mrs. Donaldson.

A.A., St. Joseph's Hospital, Victoria

Pres., Mrs. G. Hutchinson; Rec. Sec., Mrs. J. Shelley; Corr. Sec., Miss M. Grant, 2317 Blanchard St.; Treas., Mrs. P. Webb; *Councillors*, Mmes H. Gandy, H. E. Ridewood, N. Robinson, G. Evans, J. Welch; *Vital Statistics*, Miss H. Cruickshanks; *Rep.* to *Press*, Mrs. V. Rose.

MANITOBA

A.A., St. Boniface Hospital

Hon. Pres., Rev. Sr. Jarbeau; Pres., Miss M. Wilson; Vice-Pres., Misses M. MacKenzie, T. Greville; Rec. Sec., Miss F. Avery; Corr. Sec., Mrs. J. Baisley, 201 Borebank Ave., Winnipeg; Treas., Mrs. A. Willows; *Archivist*, Miss K. McCallum; *Committees: Visiting*, Miss A. Merlevede; *Social & Program*, Miss C. Bourgeault; *Membership*, Miss J. Parent; *Scholarship Fund*, Miss A. Laporte; *Overseas Parcels*, Mrs. M. Kerr; *Advisory*, Mmes McElhearn, J. P. Howden, Misses M. Gibson, L. Thomson; *Legislative*, Misses I. Wright, V. Williams, K. McDonald, D. Sweluk, W. Grice; *Reps.* to: *Local Council of Women*, Mrs. W. E. Montgomery; *Nurses' Directory*, Miss N. Gagnon; *M.A.R.N.*, Mrs. T. Hulme; *Press*, Miss I. Skinner; *The Canadian Nurse*, Miss H. Oliver.

A.A., Children's Hospital, Winnipeg

Hon. Pres., Mrs. G. S. Williams; Past Pres., Mrs. J. Kirby; Pres., Mrs. C. D. Gordon Barber; Vice-Pres., Mrs. Wright; Rec. Sec., Miss M. Jupp; Corr. Sec., Miss D. Roe, C.H.; Treas., Mrs. Noble; *Committee Conveners: Program*, Miss E. Fyffe; *Refreshment*, Miss H. Armstrong; *Membership*, Miss P. McConnell; *Visiting*, Miss Armstrong.

A.A., Misericordia General Hospital, Winnipeg

Hon. Pres., Rev. Sr. St. Bertha; Pres., Mrs. T. P. Hessian; Vice-Pres., Miss D. Ambrose; Sec., Miss J. Chisholm, 124 Chestnut St.; Treas., Mrs. J. A. Cutts; *Committee Conveners: Social*, Miss M. Ronnan; *Red Cross*, Mrs. V. McKenty; *Private Duty Section*, Misses S. Boyne, D. Sothern; *Rep.* to: *The Canadian Nurse*, Mrs. A. Thierry.

A.A., Winnipeg General Hospital

Hon. Pres., Mrs. A. W. Moody; Pres., Miss L. Gunn; Vice-Pres., Misses H. L. Wilson, J. Morgan, R. B. Dickie; Rec. Sec., Miss H. Reid; Corr. Sec., Miss S. Ross, 10 Balmoral Apts.; Treas., Mrs. M. Beamish, 10 Emily Apts.; Archivist, Mrs. C. Frith; *Committee Conveners: Program*, Miss M. Pringle; *Membership*, Miss V. Walker; *Visiting*, Miss J. Gordon; *Journal*, Miss L. Barker; *Sanford Scholarship Fund*, Miss I. Cooper; *Diamond Jubilee Fund*, Mrs. R. Waldie; *Parcels to Europe*, Miss G. Johnson; *Reps.* to: *School of Nursing*, Mrs. G. Noble; *Doctors' & Nurses' Directory*, Mrs. E. English; *Local Council of Women*, Mmes M. Anderson, J. Jenkins; *Council of Social Agencies*, Miss H. Setka; *The Canadian Nurse*, Miss L. Smolak.

NEW BRUNSWICK

A.A., Saint John General Hospital

Hon. Pres., Miss E. J. Mitchell; Pres., Miss B. Selfridge; Vice-Pres., Misses M. Scott, A. Hanscome; Sec., Miss K. Lawson, 140 Elliott Row; Assist. Sec., Mrs J. W. Bambery; Treas., Mrs. A. E. Handren; *Committee Conveners: Refreshments*, Mrs. M. O'Neal; *Visiting* Miss C. McLeod; *Publicity*, Miss K. Lawson; *Program*, Mrs. D. Lewis; *Add. Executive Members*, Misses S. Hartley, E. Hooper.

A.A., L. P. Fisher Memorial Hospital, Woodstock

Pres., Mrs. George King, Broadway; Vice-Pres., Mrs. W. B. Manzer, Chapel St.; Sec., Mrs. John Charters, Elm St.; Treas., Mrs. Elmer Arnold, Elm St.; *Executive Committee*, Mrs. Bertrum Gardiner, Prince William St.; Mrs. Thomas Everett, Union St.; Mrs. John Hale, Pine St.

NOVA SCOTIA

A.A., Halifax Infirmary

Pres., Miss O. Hayes; Vice-Pres., Miss N. Harley; Rec. Sec., Miss R. Butler; Corr. Sec., Miss M. Cragg, 14 Woodlawn Terrace; Treas., Miss G. Shortall; *Committee Conveners: Visiting*, Mrs. T. O'Leary; *Entertainment*, Mrs. J. Thornton; *Reps.* to: *Press*, Miss M. West; *The Canadian Nurse*, Miss R. Butler.

A A., Victoria General Hospital, Halifax

Pres., Mrs. J. T. Luscombe; Vice-Pres., Miss D. Gill; Sec., Mrs. Eric Stanley, 50 Beech St.; Treas., Mrs. H. S. T. Williams, 362 Spring Garden Rd.; *Board of Directors*, Mmes V. Gormley, W. Hunt, M. Smith; *Committee Conveners: Visiting*, Mrs. A. MacQuade; *Program & Entertainment*, Mrs. J. Churchill, Miss E. Atkinson; *Maritime Hospital Service*, Miss M. Archibald.

A.A., Aberdeen Hospital, New Glasgow

Hon. Pres., Miss Nina Grant; Pres., Miss Mary Ross; Vice-Pres., Miss Maud Harris; Sec., Miss Vera MacIntosh, 154 Maple Ave.; Treas., Mrs. James Collie; *Rep.* to *Press*, Mrs. Wm. Forbes.

ONTARIO

A.A., Belleville General Hospital

Hon. Pres., Miss L. Johnston; Pres., Miss D. West; Vice-Pres., Misses S. Robson, L. Embury; Sec., Miss Helen Jones, B.G.H.; Treas., Miss R. Poole; *Committees: Program*, Misses F. Nunn, L. Dillon; *Social*, Misses E. Sheppard, P. Van Alstyne; *Gift & Flower*, Misses S. Burling, J. Bentu; *Nominating*, Miss M. Miles; *Reps.* to: *V.O.N.*, Miss E. Lang; *The Canadian Nurse*, Miss N. Gooding.

A.A., Brantford General Hospital

Hon. Pres., Miss J. M. Wilson; Pres., Miss O. Plumstead; Vice-Pres., Mrs. J. MacKay; Sec., Miss M. Patterson, B.G.H.; Treas., Miss H. Scott; *Committees: Gift*, Misses J. Landreth, V. Buckwell; *Flower*, Misses L. Burtch, A. Scott; *Social*, Mmes G. Brittain, D. Green; *Reps.* to: *Local Council of Women*, Mrs. R. Billo; *The Canadian Nurse & Press*, Miss I. Feely.

A.A., Brockville General Hospital

Hon. Pres., Misses A. L. Shannette, E. Moffat; Pres., Mrs. Wm. Cook; Vice-Pres., Misses L. Merkley, H. Corbett; Sec., Mrs. H. L. Bishop, 89 King St. W.; Treas., Mrs. H. Vandusen; *Committees: Gift*, Miss V. Kendrick; *Social*, Mrs. H. W. Green; *Property*, Misses J. McLaughlin, M. Gardiner, R. Carberry; *Fees*, Miss V. Preston; *Rep.* to *Press*, Miss Corbett.

A.A., Public General Hospital, Chatham

Hon. Pres., Miss P. Campbell; Pres., Miss Elsie Phillips; Vice-Pres., Mrs. J. C. MacWilliam, Miss E. Stenton; Rec. Sec., Miss V. Gwalchmai; Corr. Sec., Miss A. Hastings, 30 McKeough Ave.; Treas., Miss D. Thomas; *Rep.* to *The Canadian Nurse*, Mrs. W. M. Sheldon.

A.A., St. Joseph's Hospital, Chatham

Hon. Pres., Rev. Sr. M. Fabian; Hon. Vice-Pres., Rev. Sr. M. Remegius; Pres., Mrs. E. Caron; Vice-Pres., Miss K. Kaufmann, Mrs. C. Salmon; Sec.-Treas., Miss D. Carley; Corr. Sec., Miss Anne Kenny, 258 Queen St.; *Councillors*, Mmes H. McPherson, A. Driscoll, E. Roberts, Miss F. Richardson; *Committees: Buying*, Misses M. Doyle, S. Ashton; *Lunch*, Miss M. Boyle, Mmes L. Smyth, M. Robertson, D. Bordeau; *Program*, Mmes M. Millen, A. Swift, C. Salmon, Miss M. Caron; *Reps.* to *Press*, Miss D. Carley; *The Canadian Nurse*, Mrs. M. Jackson.

A.A., Cornwall General Hospital

Hon. Pres., Misses M. Nephew, H. C. Wilson; Hon. Member, Mrs. M. Boldick; Pres., Mrs. A. Snow; Vice-Pres., Mrs. E. Wagoner, Miss E. McIntyre; Sec., Mrs. F. Gunther, 334 Fifth St. E.; Treas., Mrs. V. Fenton, R.R. 2, West Front, Cornwall; *Committee Conveners: Flower*, Miss E. Beckstead; *Social Finance & Membership*, Miss A. McNaughton; *Rep.* to *The Canadian Nurse*, Mrs. G. Whitney.

A.A., Hotel Dieu Hospital, Cornwall

Hon. Pres., Rev. Sr. St. George; Pres., Miss D. Ryan; Vice-Pres., Rev. Sr. Mooney; Sec.-Treas., Miss H. Cleary; Corr. Secs., Miss A. Huot, St. Lawrence Sanatorium; Mrs. R. Ezard; *Committee Conveners: Music & Social*, Miss E. Young; *Gift*, Miss I. McDonell; *Publicity*, Miss U. Leblanc.

A.A., Galt Hospital

Hon. Pres., Miss Z. M. Hamilton; Pres., Miss H. Blagden; Sec., Miss Hilda Teather, Galt Hospital; Treas., Mrs. Vanstone; *Committee Conveners: Press*, Mrs. W. Bell; *Flower & Gift*, Mrs. J. Kersh; *Social*, Miss A. Park, Mrs. L. Maddock.

A.A., Guelph General Hospital

Hon. Pres., Miss S. A. Campbell; Past Pres., Mrs. C. McLeod; Pres., Mrs. W. Redmond; First Vice-Pres., Mrs. J. Tawse; Sec. Vice-Pres., Miss L. Brindle; Sec., Miss F. Cameron, 210 Woolwich St.; Treas., Miss K. Cleghorn.

A.A., St. Joseph's Hospital, Guelph

Mother Superior, Sr. M. Clotilde; Supt. of Nurses, Sr. M. Assumption; Pres., Miss E. Kaine; Vice-Pres., Miss F. Farrell; Sec., Miss M. Daley, 134 Ferguson St.; Treas., Mrs. K. Thompson, 100 Woolwich St.; *Entertainment Convener*, Miss D. Milton.

A.A., Hamilton General Hospital

Hon. Pres., Miss C. E. Brewster; Pres., Miss Ella Baird; Vice-Pres., Misses H. Fasken, E. Ferguson; Rec. Sec., Miss C. Leleu; Assist. Sec., Miss J. Tufford; Corr. Sec., Miss J. Harrison, 29 Ashley St.; Treas., Miss Doris Cosford, 871 Main St. E.; Assist. Treas., Miss H. Cosford; Sec.-Treas., Mutual Benefit Ass'n, Miss A. Steem; *Committee Conveners: Executive*, Mrs. Massie; *Program*, Miss Misson; *Flowers & Visiting*, Miss Knowles; *Budget*, Miss G. Coulthart; *Membership*, Miss Bingeman; *Publication*, Miss A. Lush; *Reps.* to: *R.N.A.O.*, Miss E. Kerr; *Local Council of Women*, Miss N. Coles.

A.A., Ontario Hospital, Hamilton

Hon. Pres., Miss K. E. Turney; Hon. Vice-Pres., Miss E. P. Dodd; Pres., Mrs. G. Wallace; Vice-Pres., Miss R. Hill; Sec., Mrs. I. Nichols, Apt. 7, 23 St. Matthews Ave.; Treas., Miss K. Dickey; *Committees: Social*, Mrs. A. Smith, Misses L. Angle, D. Parker; *Visiting*, Miss M. Finch, Mrs. J. Hanna; *Rep.* to *Press*, Mrs. I. Stevens.

A.A., St. Joseph's Hospital, Hamilton

Hon. Pres., Sr. St. Edward; Hon. Vice-Pres., Sr. M. Ursula; Past Pres., Mrs. S. Hudecki; Pres., Miss F. O'Brien; Vice-Pres., Miss M. Peart; Sec., Miss B. Clohecy, 61 East Ave. S.; Treas., Miss A. Grace; *Executive*, Misses N. Walsh, E. Quinn, A. McCowell, M. Haley, Mmes S. Hudecki, J. Warren; *Reps.* to: *R.N.A.O.*, Miss D. Devine; *The Canadian Nurse*, Miss M. Reding.

A.A., Kingston General Hospital

Hon. Pres., Miss L. D. Acton; Pres., Mrs. Gladys Henry; Vice-Pres., Mrs. M. Potter, Miss L. Smith; Sec., Miss Gertrude McCulloch, K.G.H.; Treas., Miss O. Wilson, K.G.H.; Assist. Treas., Miss E. MacLean; *Committee Conveners: Flower*, Mrs. S. Smith; *Private Duty*, Mrs. E. Sweetman; *D.V.A. & Y Work*, Miss H. Blue; *Reps.* to: *Local Council of Women*, Mrs. Leggett; *Kingston Film Council*, Mrs. J. C. Spence.

A.A., St. Mary's Hospital, Kitchener

Hon. Pres., Sr. Mary Grace; Pres., Miss M. Hostetler; Vice-Pres., Mrs. N. Cullen; Rec. Sec., Miss T. Brunck; Corr. Sec., Miss M. Monaghan, 94 DeKay St.; Treas., Miss E. Knipfel, 843 Queen's Blvd.

A A., Ross Memorial Hospital, Lindsay

Hon Pres., Miss E. Reid; Pres., Mrs. K. Williamson; Vice-Pres., Miss G. Lehigh, Mrs. U. Cresswell; Sec., Miss A. Webber, R.M.H.; Treas., Miss D. Avery; *Committees: Lunch*, Misses E. Hutton, M. Fair; *Flower*, Miss B. Pickle; *Program*, Miss J. Murphy; *Red Cross*, Miss L. Gillespie; *Rep. to Press*, Miss M. Lamb.

A.A., Ontario Hospital, London

Hon. Pres., Miss F. Thomas; Pres., Mrs. E. Grosvenor; Vice-Pres., Mmes P. Soutar, M. Duncan; Sec., Mrs. E. Bruner, 207 Mill St.; Treas., Miss N. Williams; Assist. Sec.-Treas., Miss L. Steele; *Committee Conveners: Social*, Mrs. P. Robb; *Social Service*, Mrs. M. Millen; *Flower Fund*, Mrs. E. Grosvenor.

A.A., St. Joseph's Hospital, London

Hon. Pres., Sr. St. Elizabeth; Hon. Vice-Pres., Sr. Ruth; Pres., Miss I. Griffin; Vice-Pres., Miss B. Bowles, Mrs. M. McCormick; Rec. Sec., Miss E. Eckert; Corr. Sec., Miss L. Clipperton, 126 Wilson Ave.; Treas., Miss J. Johnston; *Committees: Social*, Mmes P. Chapman, M. Loree; *Finance*, Misses L. Gallagher, Tziler; *Program*, Miss B. Purtill; *Reps.* to *Press*, Mrs. M. MacBeth; *Registry*, Misses F. Carfrae, F. Caddy, Mrs. K. Coughlin; *The Canadian Nurse*, Miss S. Gignac.

A.A., Victoria Hospital, London

Hon. Pres., Miss H. Stuart; Hon. Vice-Pres., Mrs. A. E. Silverwood; Pres., Miss M. Stevenson; Vice-Pres., Miss M. Mains, Mrs. E. Culp; Rec. Sec., Mrs. S. McGugan; Corr. Sec., Miss M. Sloan, 200 Central Ave.; Treas., Mrs. V. Fry, 426 William St.; *Blue Cross Sec.*, Miss F. Bell, 185 High St.

A.A., Niagara Falls General Hospital

Pres., Miss Eleanor Smith; Vice-Pres., Miss Hazel Meyers; Sec., Mrs. Betty Bowden, 1887 Prospect St.; Treas., Miss Rachel Sterling; *Rep.* to *R.N.A.O. and The Canadian Nurse*, Miss Isabelle Hammond.

A.A., Soldiers' Memorial Hospital, Orillia

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A.A., Oshawa General Hospital

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A.A., Lady Stanley Institute (Incorporated 1918) Ottawa

Hon. Pres., Mrs. W. S. Lyman; Hon. Vice-Pres., Miss M. Stewart; Pres., Mrs. M. E. Jones; Vice-Pres., Mrs. R. B. Bryce; Sec., Mrs. J. R. McKellar, 1st Ave., Townsite; Treas., Miss M. E. Scott, 53 Arthur St.; *Directors*, Misses P. Walker, A. McNiece, F. Low; *Flower Convener*, Miss D. Booth; *Reps.* to: *Community Registry*, Miss M. Slinn; *Press*, Mrs. W. Caven; *The Canadian Nurse*, Miss E. McGibbon.

A.A., Ottawa Civic Hospital

Hon. Pres., Misses G. M. Bennett, E. G. Young; Pres., Miss P. Farmer; Vice-Pres., Miss E. Horsey, Mrs. E. Storr; Rec. Sec., Miss L. Currie; Corr. Sec., Miss R. Miskelly, O.C.H.; Treas., Miss A. Napier, 377-2nd Ave.; *Councillors*, Misses J. McTavish, G. Carver, E. Pepper, E. Carnochan, B. Jackson, F. Garnett, L. Mawhinney, Mrs. I. Veitch; *Committees: Visiting & Flower*, Misses M. MacFarlane, I. Moulds; *Refreshment*, Mrs. D. True, Misses E. Ferguson, F. Richards, D. Johnston; *Alumnae Paper*, Misses M. Downey, H. Johnstone, Mrs. D. Ball; *Rep.* to: *The Canadian Nurse*, Miss L. Mawhinney.

A.A., Ottawa General Hospital

Hon. Pres., Rev. Sr. Marie Alban; Pres., Mme N. Chassé; Vice-Pres., Mmes H. Racine, R. Séguin; Sec., Miss D. Herbert, O.G.H.; Treas., Miss H. Béchard; *Councillors*, Misses J. Robert, V. Bélier, G. Boland, K. Ryan, J. Sabourin, A. Quinn; *Committees: Registry*, Misses M. Landreville, M. Butler, A. Sanders; *Sick Benefit*, Miss J. Frappier; *D.C.C.A.*, Miss M. O'Hare; *Red Cross*, Mrs. A. Powers; *Rep.* to *The Canadian Nurse*, Miss D. Herbert.

A.A., St. Luke's Hospital, Ottawa

Hon. Pres., Miss E. Maxwell, O.B.E.; Pres., Mrs. R. Brown; Vice-Pres., Miss I. Allan; Sec., Miss E. Honeywell, 50-2nd Ave.; Treas., Miss M. J. Ross; *Committee Conveners: Flowers*, Miss D. Brown, Mrs. W. Creighton; *Insurance*, Miss I. Johnston; *Nominating*, Miss N. Lewis, Mrs. J. MacFarlane; *Reps.* to: *Local Council of Women*, Miss Lewis, Mrs. E. Swerdfagar; *Community Nursing Registry*, Miss D. Brown; *Press*, Mrs. Swerdfagar; *The Canadian Nurse*, Miss Johnston.

A.A., Owen Sound General and Marine Hospital

Hon. Pres., Misses E. Webster, R. Brown; Pres., Miss Marjorie Kerr; Vice-Pres., Miss Anna Mair; Sec.-Treas., Miss Alice Cook, 436-12th St. W.; Assist. Treas., Miss Dorothy Mills; *Rep.* to *R.N.A.O.*, Miss Jean Nicholson.

A.A., Peterborough Civic Hospital

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A.A., Sarnia General Hospital

Hon. Pres., Miss Rahno Beamish; Pres., Miss Gloria Welch; Sec., Miss Jean Thomson, S.G.H.; Treas., Miss Elizabeth Russell, S.G.H.; *Rep.* to *The Canadian Nurse*, Miss Marion Buckrell, 264 London Rd.

A.A., Stratford General Hospital

Hon. Pres., Miss Munn; Pres., Miss J. McLeod; Vice-Pres., Miss M. Sebben; Sec., Miss Jean Ronnenberg, 297 Cambria St.; Treas., Miss M. McMaster, 249 Erie St.; *Committees: Flower & Gift*, Miss M. McCallum; *Social*, Mrs. B. Ische, Misses K. Day, L. Weber.

A.A., Mack Training School, St. Catharines

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A.A., St. Thomas Memorial Hospital

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A.A., The Grant Macdonald Training School for Nurses, Toronto

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A.A., Hospital for Sick Children, Toronto

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A.A., Riverdale Hospital, Toronto

Pres., Miss A. Armstrong; Vice-Pres., Mrs. J. Bradshaw; Sec., Mrs. G. Bourne, 100 Heath St. E.; Treas., Mrs. T. Fairbairn, 98 du Vernet Ave.; *Committees: Program*, Mrs. P. Forge; *Visiting*, Mmes C. Spreeman, H. Dunbar; *R.N.A.O.*, Miss M. Ferry; *Rep.* to *The Canadian Nurse*, Miss A. Armstrong.

A.A., St. John's Hospital, Toronto

Pres., Mrs. M. Owen, 53 Turner Rd.; Vice-Pres., Miss E. Price, 97 Avenue Rd.; Miss F. Young, 227 Milverton Blvd.; Rec. Sec., Mrs. D. Nelles, 73 Springmount Ave.; Corr. Sec., Miss M. Turnbull, 83 Balliol St.; Treas., Mrs. P. E. Thring, 14 Glencastle St.

A.A., St. Joseph's Hospital, Toronto

Pres., Miss E. Longo; Vice-Pres., Misses H. Nightingale, E. Mulloy; Rec. Sec., Miss E. Izzo; Corr. Sec., Miss Lillian Johnson, St.J.H.; Treas., Miss R. McBride; *Councillors*, Misses U. Smith, A. Lamphier, V. Hamilton, S. Griffin; *Committee Conveners: Program*, Miss A. Tobin; *Membership*, Miss M. Kehoe; *Rep.* to: *R.N.A.O.*, Miss M. Kelly.

A.A., St. Michael's Hospital, Toronto

Hon. Pres., Rev. Sr. Margaret; Hon. Vice-Pres., Rev. Sr. M. Kathleen; Pres., Miss M. Regan; Vice-Pres., Misses K. Meagher, L. Riley, M. McGarrell; Treas., Miss N. O'Connor; Assist. Treas., Miss E. Cunningham; Rec. Sec., Miss C. Damon; Corr. Sec., Mrs. M. Forrester, 185 Glenholme Ave.; *Councillors*, Mrs. T. Scully, Misses E. Crocker, D. Murphy, K. Boyle; *Membership Conveners: Active*, Miss L. Huck; *Associate*, Miss L. Bonin; *Reps.* to: *Nursing Education*, Miss G. Murphy; *Public Health*, Miss M. Tisdale; *Central Registry*, Misses E. Crocker, T. Harrison, N. Corrigan; *Hospital Care Plan*, Miss V. Murphy, Mrs. A. Romano; *Local Council of Women*, Mrs. G. Rossiter; *Press*, Mrs. E. Richards; *The Canadian Nurse*, Miss M. Herbert; *Ed. & Assist. Ed., "The News"*, Miss K. Boyle, Mrs. M. Neville.

A.A., School of Nursing, University of Toronto

Hon. Pres., Miss E. K. Russell; Hon. Vice-Pres., Miss F. H. M. Emory; Past Pres., Miss J. Leask; Pres., Miss Elvira Manning; First Vice-Pres., Miss H. Carpenter; Sec. Vice-Pres., Miss E. Dick; Sec.-Treas., Miss Ethel Greenwood, 16 Clarendon Ave.

A.A., Toronto General Hospital

Pres., Miss A. Neill; Vice-Pres., Mrs. M. W. McCutcheon, Miss M. Fry; Sec.-Treas., Mrs. H. A. Legge, 22 Rose Park Dr.; *Councillors*, Mrs. R. E. Will, Misses L. Shearer, W. Hendrikz, A. Reid; *Committee Conveners: Program*, Miss S. Burnett; *Social*, Miss M. Dix; *Gift*, Miss Fry; *Scholarship*, Miss M. Winter; *Trust Fund*, Miss M. Markle; *Flower*, Miss M. Thompson; *Membership*, Miss M. Stewart; *Nominating*, Miss E. S. Jeffrey; *Alumnae Room*, Miss L. Bailey; *Archivist*, Miss J. M. Kniseley; *Private Duty Group*, Mrs. H. A. McCaghey; *Treas., Hospital Care Plan*, Mrs. Legge; *Ed., The Quarterly*, Miss M. Thompson; *Rep.* to *Press*, Miss Hendrikz.

A.A., Training School for Nurses of the Toronto East General Hospital with which is incorporated the Toronto Orthopedic Hospital

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